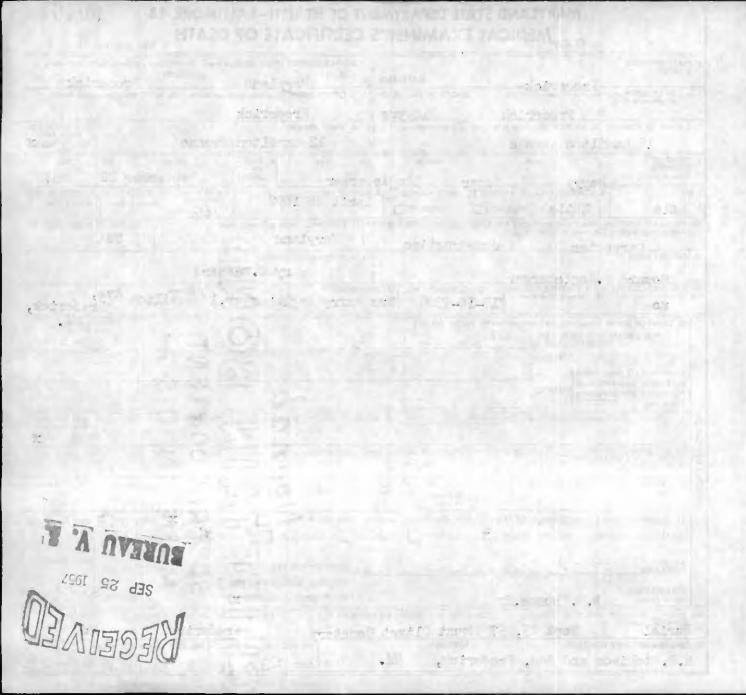
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

is necessary, funer duy IQ. Me the 3 to OHO 10 Give DEPL VS. A15ME(S)



**ADDRESS** 

Frederick-Maryland

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24 hours ofter death.

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certificate

death

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SEP 20 1957 NO MERCHANIST THE PROPERTY OF THE PARTY OF T BAISTOF

| 1          |     |          | 9   | MARYLA<br>465ME                 | ND S                       |                                       |  | H-BALTIMORE, TE OF DEATH           | 18             | 094             | 69                   |
|------------|-----|----------|---|---------------------------------|----------------------------|---------------------------------------|--|------------------------------------|----------------|-----------------|----------------------|
| lian,      | N   | T        | ems 8 & 9, F  | ilm G220                        | , 9/2                      | 6/57 fey                              | 5 CERTIFICA  |                                    | Reg. Dist.     | No. 3           |                      |
| cremation  | M)  | 1.       | LACE OF DEATH   |                                 |                            |                                       | O STATE  | Where deceased lived. If instit    | rv             |                 |                      |
| buriel, cr | 1   |          | Frede   |                                 |                            | MARYLAN                               | Mai  | yrand                              | FFE            | ierick          |                      |
|            |     | 1        | CITY OR FOURT (If outside and give nearest fown)                    | _                               | RURAL                      | c. LENGTH OF STAY IN 11               | 1  | If outside corporate limits, write | RURAL and gi   | ve neorest fowl | n)                   |
|            |     | -        | Frederic  |                                 |                            |                                       | X2 Pt. of  | Rocks                              |                | e. IS RES       | IDENICE              |
|            | 69  |          | NAME OF HOSPITAL OR   |                                 |                            |                                       | d. STREET ADDRESS  |                                    |                | ONA             | FARM?                |
|            |     | -        | IAME OF<br>DECEASED<br>Type or print)                               | First<br>Merhl                  |                            | Roscoe                                | Biser  | 4. DATE Mont                       |                | 7 19            | _                    |
|            |     | 5. 9     | 6. C  | OLOR OR RACE                    | - MARRIE                   | NEVER MARRIED                         | 8. DATE OF BIRTH   | 9, AGE (to years lost birthday)    | IF UNDER TYPE  |                 |                      |
|            |     | 1        | ale   | White                           | WIDOWED                    | DIVORCED [                            | 94/W/6/10/   | 17/1900 56 yrs.                    | Months Day     | /s Hours        | Min.                 |
|            |     | 100      | USUAL OCCUPATION (Gi  | ve kind of work do              | ne 10b. K                  | NO OF BUSINESS OR INDU                | STRY 11. BIRTHPLACE (Stote                               | e or foreign country)              | 12. CITIZEN    | OF WHAT C       | OUNTRY?              |
| -          | 1   | I        | rop. store  |                                 |                            |                                       | Frederi  | ck County                          | U.S            | 5.A.            |                      |
|            |     | 13.      | FATHER'S NAME   |                                 |                            |                                       | 14. MOTHER'S MAIDEN                                      | NAME                               |                |                 |                      |
|            | -/  |          |   | Biser                           |                            |                                       | Mary Ki  | ipp                                |                |                 |                      |
|            | -   |          | WAS DECEASED EVER IN I  | U. S. ARMED FORG                |                            | OCIAL SECURITY NO. 17.                | INFORMANT  | Address                            |                |                 |                      |
|            | 0   |          |   |                                 |                            |                                       | Mr.Daley   | Frederick                          | Md.            |                 |                      |
|            |     |          | 18. CAUSE OF DEATH (E   | S CAUSED BY:<br>DIATE CAUSE (o) | •                          | or (o), (b), ond (c). ]<br>un shot wo | und in brai  | n                                  |                | 2 I/2           | Н                    |
|            |     |          | Caraltalana 16 ann an   | DUE TO                          |                            |                                       |  |                                    |                |                 |                      |
|            |     |          | Conditions, if any, w<br>gove rise to immediate a                   | ouse                            |                            |                                       |  |                                    |                |                 |                      |
|            |     |          | (o), stoling the underl   | ying DUE TO                     |                            |                                       |  |                                    |                |                 |                      |
|            | 0   | CATION   |   |                                 | TIONS CO                   | NTRIBUTING TO DEATH BU                | NOT RELATED TO THE TERA                                  | AINALDISEASE CONDITION GI          | VEN IN PART 1  | PERFOR          | UTOPSY<br>MED?<br>NO |
|            |     | CERTIFIC | 20g, EXTERNAL CAUSE W.<br>PRIMARY LA OF CONTRIBU<br>CAUSE OF DEATH. | AS 20b.                         | DESCRIBE                   | HOW INJURY OCCURRED.                  | (Enter noture of injury in Pa                            | ort I or Port II of item 18.)      | 10 MTV-M       |                 |                      |
|            |     | MEDICAL  | 20c. TIME OF INJURY Hour o. m. p. m.                                | Month, Day, Year                | 20d. If<br>While<br>of wor | Not white fo                          | ACE OF INJURY (Home, for ctory, street, office bldg., et | m, 20f. (City or town)             | (County        | )               | (Stote)              |
|            |     |          | 21. I certify that I  | taak charge                     | af the r                   | emains described al                   | ave, held an Autap                                       | sy 🔲, Inspection 🔽                 | , Inquiry      | , and fi        | nd that              |
|            |     |          | death resulted from   | n: Natural c                    | auses [                    | ], Accident [], S                     | vicide 🙀 , Hamicid                                       | e . Undetermined                   | cause .        |                 |                      |
|            |     |          |   | ->                              | 1                          |                                       |  |                                    |                | - 4 888 814     |                      |
|            | 10  |          | ACTUAL SIGNATURE  | Dote                            | 17                         | man                                   | M.D. CHIEF MEDICAL                                       | EXAMINER [                         |                | DATE SIG        | THEO                 |
|            | 100 |          | PWA LIIA WENG   |                                 |                            |                                       | ASSISTANT MEDI   | CAL EXAMINER                       |                |                 |                      |
|            |     |          | EXAMINER'S NAME (Type) B.   | O. Thoma                        | .8                         |                                       | DEPUTY MEDICAL   | EXAMINER                           | /19/5          | 7               |                      |
|            |     | 220      | REMOVAL (Specify)   | b. DATE THEREOF                 | 937                        | Mt. Olive                             | F Cemeter  |                                    | or county)     | Mary            | land                 |
| 1          | K   | 23.      | FUNERAL DIRECTOR'S PIGI   | blac                            | ley                        | Tredere                               | h mal DATE   | 9-20:57 24b REG                    | ISTRAR'S SIGNA | TURE HE         | da                   |
|            |     | CJEC.    |   |                                 | V                          |                                       |  | •                                  | ()             |                 |                      |

BUREAU V. S.

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DECENTED

| 3.0        | MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | Dist. No.                                  |
|------------|---|--|
|            | PLACE OF DEATH 5. COUNTY  Graderick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If imitution, Residence of State Manyland b. COUNTY In   |  |
|            | C. CITY OR TOWN (If outside corporate I mis, write RURAL on one give negretal terms)  Salulosulle  Oyre  C. CITY OR TOWN (If outside corporate limits, write RURAL of Salulosulle)  Salulosulle | nd give nearest lown)                      |
| / · C      | I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS   | IS RESIDENCE     ON A FARM?     YES    NO. |
|            | NAME OF DECEASED Type or print) Williams John Deld Grath September  | Doy Year<br>3 1957                         |
| 5. 5       | Marke   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. GE [In year legt b ribdy]   Months   WIDOWED   DIVORCED   Oct. 24, 1895   2 275.                                  | R TYEAR IF UNDER 24 HRS<br>Days Hours Min. |
| / 100      | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Boller frames Cullen Hospital Throughout, Pa                              | TIZEN OF WHAT COUNTRY                      |
|            | John De Bold Catherine Fell   | er   |
| 15<br>(Ym  | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  TO  Address  Address  Thomas  Address  Thomas   | lono R. D 4                                |
|            | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Janu Shart would are left  | INTERVAL BETWEEN ONSET AND DEATH           |
|            | Conditions, if ony, which (b) Side of chest?  governise to immediate cause  | munitio                                    |
| ~9         | (a), stating the underlying DUE TO  couse last. (c) (c)   |  |
| FICATION   | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA   | PERFORMED? YES NO E                        |
| AL CERTIFI | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18)  CAUSE OF DEATH.  |  |
| MEDICAL    | Hour o. m. 19 While Not while factory, street, office bidg., etc.) of work of work  | ounty) (Stote)                             |
|            | 21. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection 🛃, Inquident resulted from: Natural causes, Accident, Suicide 🔀, Hamicide, Undetermined cause      | iry 🕜, and find the<br>].                  |
|            | ACTUAL SIGNATURE BOOK STORMS M.D. CHIEF MEDICAL EXAMINER []   | DATE SIGNED                                |
|            | EXAMINER'S B. O. Thomas DEPUTY MEDICAL EXAMINER Septem  | bev 3, 195"                                |
| Bu         | BURIAL CREMATION. 22b. DATE THEREOF Sept. 6.1957 Forrest Hills Cem. 22d LOCATION (City, lown, or county)  Place Cemetery Or CREMATORY Philadelphia  | (5'o' ·)<br>Pa •                           |
| 123.       | funeral director's signature  ADDRESS  ymond E. Creager  Thurmont MD  | GNATURE                                    |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## DECENTEL

BUREAU V. S

| 1  |      |            | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  | 1474                               |
|--|------|------------|--|------------------------------------|
| W AG   |      |            | 9469 CERTIFICATE OF DEATH Reg. Dist. No.   | . 131                              |
| director<br>led wit  | - 1  |            | PLACE OF DEATH  o. COUNTY  PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution Residence bell o. STATE b. COUNTY FRED  |                                    |
| deoth:<br>unerol<br>d be fi  |      |            | b. CITY OR TOWN (If outside corporate limits, write RURAL and give no RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give no RURA | earest town)                       |
| urs ofter<br>15y the fu<br>15 2 shoul  | 1 3  |            | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FRED. MEMORIAL HOSP.  d. STREET ADDRESS 62 Carver APTS.   | ON A FARM? YES NO                  |
| ille   |      |            | NAME OF First Middle Last 4. DATE Month OF OF OF OF DEATH SEPT. 2  | Pay Yeor 19.5-7                    |
| l within<br>letely f   |      | S. 3       | SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 4-10-55  9. AGE (In years lift UNDER 1 YEAR)  Windows Divorced Di | R IF UNDER 24 HRS                  |
| executed and complete poperate of the complete | 1    | 100        |  | OF WHAT COUNTRY?                   |
| cion and<br>cion and<br>carbon<br>afting   |      | 13.        | THOMAS E. BOWIE RUTH A. DIGGS  |                                    |
| certific<br>ig physi<br>removi<br>72 hour  | 0    | 15.<br>(Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (19. no. or worknown) (If yes, give wor or dates of service)  |                                    |
| the distinct<br>the ottending<br>then please of<br>tent within 72  |      |            |  | TERVAL BETWEEN                     |
| quim thoi<br>igned by (<br>purmit.<br>d in ony ev  |      |            | Conditions, if any, which gave rise to immediate cose (a), stating the under.  Due to  Record To Land To CENTRAL NERVOUS SYSTEM HONORMALITY  |                                    |
| physicion<br>os been<br>ial-transil  | 0    | CATION     | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   | 19 WAS AUTOPSY PERFORMED? YES NO X |
| IAN: The ending ficate hat be burned or rem  |      | CERTIF     |  |                                    |
| INTYSIC<br>hal or off<br>this certi<br>r use as<br>remation  |      | MEDICAL    | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  P. m. 19 While Not while of work at work at work 19 at work 19 Not while of work 19 Not while 19 Not while of work 19 Not while 19 Not  | r) (State)                         |
| ATTENDING  I by the hospit  ECTOR: After  oe detached for  or to buried, cr  | ,    |            | 21. I certify that I attended the deceased from Gid not, 19, ta, 19, that I last a alive an did not, 19, and that death escurred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the secure of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the securred at 320 M, from the causes and an the discourse of the secure of the secu     |                                    |
| THE BR   | 1    |            | PHYSICIAN'S FRED J. HELDRICH JA FRED M   | 1 D                                |
| may b<br>FUN<br>Poge 3   |      | 220        | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county)  BURIAL (Specify)  BURIAL (Specify)  FOR SPECIFICATION (City town, or county)   | (State)                            |
| VS A15 (4)   |      | 23.        | FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   | URE                                |
| 15M 9/55   | · Ç- |            | - I will to the man in the control of the control  | J. True                            |

DECEINED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. MACE OF DEATH
O. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Frederick o. STATE Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. EFF OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1 Id fe Frederick-Rural RD#1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Linganore Bridge, near McKaig McKaig YES NO TO NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) GLEN RAY DRONEBURG DEATH 1957 September 6. 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE IIn years IF UNDER TYEAR IF UNDER 24 HRS Months Male White Sept 1927 Days WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Milk Transportation Maryland Truck Driver USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George H. Droneburg Ruth May Masser Pages Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give link 220-26-7498 Mrs. Madeline R. Droneburg (Same as item #2) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: left chest IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoling the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO [2 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING Head on Collision Month, Day, Year 20d, INJURY OCCURRED | 20e PLACE OF INJUSY (Home, form, 20c TIME OF INJURY (County) 20f. (City or town) (Stole) foctory, street, office bldg., etc.) While Not while at work at work 19 57 Mr. Tradesics 21. I certify that I took charge of the remains described above, held an Aulopsy . Inspection . Inquiry . and find that death resulted from: Natural causes , Accident XX Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas, M. D. DEPUTY MEDICAL EXAMINER 7 Sept 1957

22c. NAME OF CEMETERY OR CREMATORY

VS. ATSME(S) 5M 9/55

NAME (Type)

220 BURIAL GREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** M. R. Etchison & Son, Frederick, Maryland

Mount Olivet Cemetery Frederick, Maryland

24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

## BUREAU V. S.

2561 OT 435

BECEINED

| old be   | ton 20b Film 2217MEDICAL EXAMINER  | S CERTIFICATE OF DEATH Reg. Di  | 09476                               |
|--|--|---|-------------------------------------|
| Should   | 1. PLACE OF DEATH a. COUNTY Frederick MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence of STATE Maryland b. COUNTY | nce before admission)               |
| Poge 1   | b CITY OR The Notice corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give necres lawn)   |   | 01144                               |
| ÷ 2  | Frederick 3 Days  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | ) / Frederick-Rural-R.F.D.#1  | o IS RESIDENCE                      |
| directo<br>ges.<br>priar   | Frederick Memorial Hospital  | /   | YES ON A FARM?                      |
| eral C   | 3. NAME OF First Middle OCCEASED (Type or print) NETTE Flizab  | ethDUYALL DATE Month of DEATH September   | Doy Year                            |
| for y  | 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED  | 8. DATE OF BIRTH 9. AGE In years IF UNDER 1   | YEAR IF UNDER 24 HRS.               |
| ined the state of  | Female White WIDOWED DIVORCED  | 22 Feb 1922 35 ym   | Days Haurs Min.                     |
| and 3  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Housewife  | Maryland  | ISA                                 |
| 1, 2, may b  | 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |                                     |
| poges 5 re   | Clarence Zeigler  15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.   | Louise Shaffer  |                                     |
| To a second  | [Yes, no, or unknown] [If yes, give war or dates of service]   | r. LeRoy Duvall, Frederick R.F.D.   | #1, Maryland                        |
| mm. G.   | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: Tetanus  | W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | INTERVAL BETWEEN<br>ONSET AND DEATH |
| fem 1<br>form<br>S: pe   | IMMEDIATE CAUSE (o)  |   | 3 Days                              |
| il in il<br>with<br>Vith   | Conditions, if ony, which by Laceration of Rt  | . Wrist   | 9 Days                              |
| penci<br>Buria   | (o), stoting the underlying DUE TO   |   |                                     |
| as a   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART                                      | 1(a) 19 WAS AUTOPSY<br>PERFORMED?   |
| used used  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PR MARY Dor CONTRIBUTING TO DEATH BUT  CAUSE OF DEATH  COULD TO BUT ON THE BUT OF CAUSE OF DEATH BUT  CAUSE OF DEATH BUT  CUT ON a broken bot | (Enter nature of injury in Part 1 or Part 11 of Item 18 )                                       | YES NO                              |
| d bl   |  |   |                                     |
| S Sherr  | How o.m. 47. While Not while for   | ACE OF INJURY (Home, farm, 20f. (City or town) (Courtley, street, affice bldg., etc.)           | (Stote)                             |
| Medico   | 21. 1 certify that I took charge of the remains described ab   | ove, held an Autopsy X, Inspection X, Inquiry   | M, and find that                    |
| h.ef.  | death resulted from: Natural causes, Accident 🔀, St  |   | Mark and the                        |
| hcote<br>the C   | ACTUAL BIOTHERS BOTH   | M.D. CHIEF MEDICAL EXAMINER   | DATE SIGNED                         |
| d to rail of to rail o |  | ASSISTANT MEDICAL EXAMINER  | 0.30 57                             |
| remo   | PAMMINER'S B. O. Thomas, M. D.  220. BURIAL, GREADANNI 22b. DATE THEREOF 22c. NAME OF CEMETERY O   | R CREMATORY 22d. LOCATION (City, fown, or county)   | 9-30 -57                            |
| 200 200  | Burial (Specify) Oct.2,1957 Locust Grove   | Carrat - 1 1 1 1 7 7  | Maryland                            |
| S A15ME(5)   | 73. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winfield, Maryland   | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG  |                                     |
| 5M 9/55  |  | DATE (Out 1-1957) 24 alors  | L. V. Ateclo                        |

BUREAU V. S.

Manager M

(Stote)

within 24 haurs after death. Page

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BECEINED

2EP 25 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

|   | 1 |
|---|---|
| 09478_  | ļ |
| Reg. Dist. No.                                      |   |
| Residence before admission)                         |   |
| rederick  |   |
| (AL and give nearest town)                          | 1 |
|   |   |
| e. IS RES DENCE<br>ON A FARM?                       |   |
| YES NO DE   | ı |
| Doy Year  |   |
| per 22 19 57  |   |
| FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min |   |
| Months Days Hours Min                               |   |
| 12. CITIZEN OF WHAT COUNTRY?                        |   |
| U.S.A.  |   |
|   |   |
|   |   |
| Rt.#1   |   |
| Myersville,Md.                                      |   |
| INTERVAL BETWEEN<br>ONSET AND DEATH                 |   |
| 2 / /   |   |
| 9   |   |
| well to a   |   |
|   |   |
| 1 4 1 1   |   |
| NIN PART 1(0) 19. WAS AUTOPSY                       |   |
| N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO    |   |
|   |   |
|   |   |
| (County) (State)                                    |   |
|   |   |
| that I last saw the deceased                        |   |
| d on the date stated above.                         |   |
| ote) // DATE SIGNED                                 |   |
| and state to fine a land of the                     |   |
| / // ,  |   |
|   |   |
| county) (State)                                     |   |
| ned Col Md  |   |

Addre

BUREAU V. S.

SECEINED

| 1  | MARYLAN   | ID STATE DEPARTMEN                 | NT OF HEALTH—BALTIA                                     | AORE, 18  |
|--|---|------------------------------------|---|---|
| 4 05(1)  | 9471  | CERTIFICAT                         | TE OF DEATH   | Reg. Dist. No. (3)  |
| filed will   | PLACE OF DEATH<br>o. COUNTY<br>Frederick  | MARYLAND                           | o. STATE Maryland                                       | b. COUNTY HOWard  |
| funeral<br>funeral   | b. CITY OR TOWN (If outside corporate limits, writ<br>RURAL and give nearest town)  Frederick                               | 6 c. LENGTH OF STAY IN 16          | c GIPFOR TOWIN (If outside corporate                    | limits, write RURAL and give nearest town)                              |
| d 2 short  | d. NAME OF HOSPITAL (if not in hospital, give street or INSTITUTION  Frederick Nem.   | Hospital                           | d. STREET ADDRESS  R.F.D. # 3                           | e. IS RESIDENCE<br>ON A FARM?<br>YES (2) NO                             |
| 24 nar   | NAME OF First DECEASED (Type or print) Tohan  | Middle                             | Lost 4. DATE OF DEATH                                   | Month Day Year  |
| Poges  | 90111   |                                    | DATE OF BIRTH 9 A                                       | GE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                       |
| npleti   | Male White WIDO 00. USUAL OCCUPATION (Give kind of work done It   |                                    | Oct. 11, 1903   | 53 ym.  |
| nd con deoth deoth   | during most of working life, even if refired)  X-Ray Tech- Naval Or   |                                    | Washington . D.   |   |
| corbo<br>corbo   | 3. FATHER'S NAME  |                                    | 14. MOTHER'S MAIDEN NAME                                |   |
| physici<br>move<br>flow  | John Friedric  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yat, no, or unknown)  1 (If yes, gave wer or dates of service) |                                    | Mary Crocker  | Address   |
|  | (Yas, no, or unknown) [If yas, give war or dates of service]  | 578-05-6281 Mr                     | s Mildred V. Fri  | edrichs, Mt. Airy, M  |
| e offending<br>en please n   | 18. CAUSE OF DEATH [Enter only one cause pe<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o)                          | er line for (o), (b), and (c).] he | menhage mas   | INTERVAL RETWEEN ONSET AND DEATH  4 hours                               |
| by the lift. The ny ever   | Land to the conditions, if any, which (b)   | Lyse terrore                       | Carlinon le -   | lineary 2 means   |
| equires<br>n.<br>signed<br>it perm<br>id in o  | gove rise to immediate couse (a), stating the under-  | elihar le mi                       | A real + bud  | ne noth lowers  |
| physicia<br>as been<br>al-trans<br>ovol, an  | PART II. OTHER SIGNIFICANT CONDITION  | ACONTRIBUTING TO DEATH BUT NO      | OT CLATED TO THE TERMINAL DISEASE CO                    | NOTION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?                    |
| IAN: In<br>ending<br>ficate h<br>ficate h<br>ficate h<br>or rem  |   | DESCRIBE HOW INJURY OCCURRED.      | Enter nature of injury in Part I or Part II a           |   |
| bis certification of the certi | Hour o.m. Wh  | d. INJURY OCCURRED 20e. PLACI      | E OF INJURY (Home, form, y, street, office bldg., etc.) | own) (County) (State)   |
| ospire de for de | 21. I certify that I attended the dece  | eased from 9/26 5                  | 7, 19, to_9/26  | , 1일 Z, that I last saw the deceased                                    |
| the h<br>the h<br>OR: A  | alive on 9/26   | and that death o                   |   | e causes and on the date stated above. city or town, state) DATE SIGNED |
| TRECTY AND   | ACTUAL SIGNATURE (  | hase M.                            | 4E. Chur  | Ch St 9/26/17   |
| should istror p  | PHYSICIAN'S Henry 1   | 1. Chase                           | Frederi   | CK Maryland   |
| moy by FUNE  | 20. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) Sept. 28.10   | 22c. NAME OF CEMETERY OR C         |   | (City, town, or county) (Stote)   |
| 2 E Q A E<br>VS A [5 (4)   | 3. FUNERAL DIRECTOR'S SIONATURE   | 957 Mountain Charles Damascus      | Md 24a. REC'D BY REGISTRAR                              | 246. REGISTRAR'S SIGNATURE  |
| 15M 9/SS   | Court a.  |                                    | DATE 30 Sept 14   | 37 Enclula 9. 4ter  |

| W .54   | 9498 CERTIFICATE OF DEATH Reg. Dist.   | 0.9480                                  |
|---|--|---|
| I director,<br>filed with                                       | 1 PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE)  b. COUNTY  FALCE  TALE  TO STATE THE PLACE OF DEATH  D. COUNTY  FALCE  D. COUNTY  FALCE  TO STATE THE PLACE OF DEATH  D. COUNTY  FALCE  D. COUNTY  FALCE  TO STATE THE PLACE OF DEATH  D. COUNTY  FALCE  TO STATE THE PLACE OF DEATH  D. COUNTY  FALCE  D. COUNTY  D. COUNTY  FALCE  D. COUNTY  FALCE  D. COUNTY  FALCE  D. COUNTY  D. COUNTY  D. COUNTY  D. COUNTY  FALCE  D. COUNTY  FALCE | beloge admission)                       |
| d be d be   | b. CITY OR TOWN (If outside corporate limits, write ACRAL and give nearest town)  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  | nearest town)                           |
| hours after<br>by the fund 2 shoul                              | d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION SOP West Promise 509 West Promise   | e, is residence<br>on a farm?<br>YES NO |
| 7 2   | 3. NAME OF DECEASED (Type or print) Stella Middle Frys DEATH 9 Month 9   | Day Year<br>1957                        |
| ed within pletely fill  | Assade White WIDOWED X DIVORCED 1 8-29-1869 Bushday) Months Do   | YEAR IF UNDER 24 HRS. Tys Hours Min.    |
| ian and camplet carbon papers.                                  | Houseuff White Chico   | S.H                                     |
| physician a   | 13. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN PLANE THE PROPERTY OF THE PROPER |   |
| 2 5 2 2 2   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Walt Rider bough Brunewick  | 2 md                                    |
| the death ce<br>ne attending<br>hen please re<br>ent within 72  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)   | INTERVAL BETWEEN ONSET AND DEATH        |
| that<br>by it<br>y ev   | Conditions, if ony, which (b)  | 0                                       |
| d in d  | gave rise to immediate catte (a), stating the under- lying couse last.  (c) (c)  |   |
| The law<br>physic<br>has bee<br>rrial-tra<br>maval,             | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN  | (o) 19 WAS AUTOPSY PERFORMED? YES NO    |
| CIAN<br>ifficat<br>ifficat<br>in the                            | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| G PHYSIC<br>pital or of<br>this cert<br>for use of<br>cremation | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And White at work at | inty) (State)                           |
| ENDIN<br>he hosp<br>R: Affe<br>ached<br>burial,                 | 21. I certify that I attended the deceased fram 7-3-, 1957 to 9-9-, 1957, that I los alive an 1997, 1997, and that death accurred the 120 AdM, fram the causes and an the  | at saw the deceased date stated above.  |
| RECTO<br>RECTO<br>Be del<br>ior to                              | ACTUAL SIGNATURE M.D. ADDRESS (Sireet, city or lown, stote)  | 9 -9 - 57                               |
| PITAL<br>Industrian   | PHYSICIAN'S C. E. PRUITT   |   |
| O HOSPIT<br>andy be of FUN<br>page 3 and the registr            | 229 BURIAL, CREMATION, 226. DATE THEREOF 22c. DIAME OF CEMETERY OR GREMATORY 22d LOCATION (City, Jown, a county)   | Crey faul                               |
| YS A1S (4)<br>15M 9/55  | 23. FUNERAL DIRECTOR'S SIGNATURE BRUNSWICK MAS DATE 246. REGISTRAR'S SIGNAL DIRECTOR'S SIGNAL CONTROL OF THE PROPERTY OF THE P | Burke                                   |
|   |  | EJ.                                     |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEP ECTIVED V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09481CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY b. COUNTY Fuede MARYLAND deoth. eral b. CITY OR FORES (If outside corporate limits, write c. LENGTH OF STAY IN 16 å outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown ploods within 24 hours ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARW? YES NO NAME OF 4. DATE First Middle lost Year DECEASED OF DEATH BABY GEISBERT (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS 5. SEX AGE (In years last birthday) Months Days Min WIDOWED [7] DIVORCED 12 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPECE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? <u>o</u>d during most of working life, even if refired) pup pou 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Pillie Joan death certificate 17. INFORMANT IVes, no or unknown None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12 miers IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if ony, which gave rise to immediate **DUE TO** catse (a), stating the underlying couse last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PEREORMED? YES [T] NO [ 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) Hour a.m. factory, street, office bldg., etc.) Not while at work 🔲 at work 📋 p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased and that death occurred at 1.45 P. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 므 FREDERI PHYSICIAN'S NAME (Type) O HOSPITAL 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d LOCATION (City, town, or county) FUN (State) page BUNDAN (Specify) Mount Olivet Cemetery Frederick. Maryland 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE M. R. Etchison & Son. Frederick. Maryland VS A15 (4) 15M 9/55 K CO - A / 7

Z .V UAEAU V. S.

SEP 10 1957

DECENTED

0948CERTIFICATE OF DEATH 9473 Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Frederick o. STATE Marvland b. COUNTY Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR ZOWIN (If outside corporale limits, write E. LENGTH OF STAY IN 16 RUMPL-gardque depres town) 37 yrs Frederick d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Ad. STREET ADDRESS e. IS RESIDENCE ON A FARM? 249 Dill Avenue 219 Dill Avenue YES TO NO TO NAME OF Middle 4. DATE Month Year DECEASED OF DEATH Sept 22 (Type or print) Carrie Trene 19 Gerrich 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years FUNDER I YEAR IF UNDER 24 HRS lost buthday) Jan.16 1874 Months White Days Female WIDOWED F DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? At Home Housework Marvland USA offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Wilson Carmack Elizabeth Comba 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 14. SOCIAL SECURITY NO. (Yes, no. or unknown) Miss Lena Gerrich, 249 Dill Ave. Frederick. Md. none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSEY AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ] gned gove tise to immediate DUE TO cottse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) a. m While Not while at work at work 21. I certify that I attended the deceased from 2195 Z, that I last saw the deceased and that death accurred at 6:115 As Moon the causes and on the date stated above DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) B.O. Thomas. Sr. MD N. Market St. Frederick .- Md 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) FUN Sept-24.57 Glade Cemetery Walkersville Md. 9 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M.R. Etchison and Son, Frederick, Md. VS A15 (4)

death.

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.
BUREAU V. S.

HOSPITAL

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DIACEON

SEP or 1957

's .V UALIUE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exe-itar. Page 4 should be Rea. Dist. No crematia 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Carroll MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) Frederick Mt Airy R.F.D d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Frederick Memorial Hospital ON A FARM? YES INO NAME OF Middle 4. DATE Month Lost Day Yeor DECEASED Charles Jacob Gunn (Type or print) DEATH September 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE |In years FUNDER TYEAR IF UNDER 24 HRS Male Months Min White Days Hours August 15.189h 63 yrs. WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) gug Maryland U.S.A. may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in 24 haurs of re Pages 1, 7 Page 5 may Thomas Jefferson pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address SAME. 217-36-4546 ited within 18 18 Give i m PM3. Po 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN Suffocation PART I, DEATH WAS CAUSED BY: Minutes IMMEDIATE CAUSE (O) DUE TO STREET TRACTOR FALLING ON Chest Conditions, if ony, which in pencil gove rise la immediate cause **DUE TO** (o), stoting the underlying Shook couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 8 PERFORMED? NO [ 200. EXTERMAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Tractor over turned and fell on chest and left side should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY 20f. (City or lown) (State) Flortory, street, office bldg., etc.) X Not while Mt Airy R.D. Carroll Md. of work 21. I certify that I took charge of the remains described above, held on Autopsy 4. Inspection , Inquiry , and find that death resulted from: Natural causes [ ], Accident [ 4, Suicide . Homicide , Undetermined couse . DATE SIGNED ACTUAL SIGNATURE 0 0 ASSISTANT MEDICAL EXAMINER EXAMINER'S September 27, 1957 DEPUTY MEDICAL EXAMINER NAME (Type) 22. NAME OF CEMETERY OF CREMATORY 220. SURIAL, CREMATION, 226. 724-LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55 3 D

ENEERN V. Z.

DEADER!

| 1   |     | 1             | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18   |
|---|-----|---------------|---|
| •   |     |               | 9476 CERTIFICATE OF DEATH  Reg. Dist. No. 131   |
| Polle 4<br>irector,<br>ed with                                |     | 1.            | PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  b. COUNTY  b. COUNTY  c. STATE  b. COUNTY  b. COUNTY   |
| eral d  |     |               | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  |
| fter # he fun hould   |     | -             | Jrederick Jays Frederick Brunswick  d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS  |
| by II   | è   |               | Frederick Memorial Hospital 613 N. Maple Avenue YES NOW   |
| n 2∎ h  |     | 1             | NAME OF DECEASED Lost Lost Lost September 29 1957   |
| within etely f  |     | 5.            | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  1   |
| cample papers   |     | 100           | JUNEAU OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life-even; if relired)   |
| the ell   |     | 13.           | FATHER'S NAME 14. MOTHER'S MAIDEN NAME  |
| ifficate ohysicio   |     |               | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MY : Made It is raddress on d   |
| th cer<br>ding p  |     |               | No 1 None 165-10-36(1) GIS N. Maple Ave Brunswich, Ind  |
| he dea<br>atten<br>en pleu<br>st with                         |     |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arter, 0 sclerot, C Heart Disease  INTERVAL BETWEEN ONSET AND DEATH   |
| that the by the th. The t |     |               | conditions, if any, which) of Congestive heart far lure 6 months  |
| igned<br>signed<br>t perm<br>d in ar                          |     |               | gave rise to immediate course (o), stating the <u>under</u> DUE TO  |
| law  <br>law  <br>been  <br>l-transi                          |     | TION          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  |
| II: The<br>ding ph<br>ote has<br>buria                        |     | CERTIFICATION | YES ☐ NO   200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 )  OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETITHER, NOTIFY MEDICAL EXAMINER)  |
| SICIAI<br>attenda<br>certifica<br>as the                      |     | MEDICAL CE    | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)  |
| ital or<br>r this c<br>ror use                                |     | MED           | Hour a. m.  p. m.  19 at work |
| ND e hasp<br>i: Afte<br>iched i                               |     |               | 21. I certify that I attended the deceased fram   |
| ECTON   | 4   |               | ACTUAL SIGNATURE (1. G. G. CERRE M.D. T. & AMERICA (City on town, sibile) DATE SIGNE  |
| Maine<br>Police<br>Sauld I<br>rar pri                         | - / |               | PHYSICIAN'S A. A. PERYE   |
| HOSPII<br>hay be<br>FUNE<br>age 3 T                           |     | 220           | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)   |
| 5 5 g =   |     | 23            | FUNERAL DIRECTOR SISIGNATURE  ADDRESS FETYY  24G. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE  1 HOYERS FETYY  24G. REC'D BY REGISTRAR'S SIGNATURE   |
| VS A15 (4)<br>15M 9/SS  | * / |               | " What well the frest 1/2 DATE 2 Cet 1950 Elyalutter & tells  |



EUREAU V. S.

9504 **CERTIFICATE OF DEATH** director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed a. STATE **b.** COUNTY MARYLAND Frederick within 24 hours ofter death; the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  ${ t Thurmont}$ rural [hurmont-- rura] d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF First Middle 4. DATE tast DECEASED Hann September James Leslie (Type or print) DEATH 5. SEX P. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH DIVORCED [ WIDOWED complei male papers. 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Farmer Maryland puo 13. FATHER S NAME certificate be 14. MOTHER'S MAIDEN NAME offer ģ Catherine Grushon Samuel гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (NEORMAN) Thurmont. Md. RD2 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** ony Conditions, if any, which permit gave rise to immediate **DUE TO** casse (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, Day, Year 20d. INJURY OCCURRED 20f. [City or town] factory, street, affice bldg., etc.) for use g. m. Not while at work at wark p. m. 21. I certify that Lattended the deceased from 19 - 7, that I last saw the deceased detached and that death accurred at 650 P.M. from the causes and an the date stated obove. DIRECTOR: ADDRESS (Street, city or town, state) **ACTUAL** prior PING PHYSICIAN'S NAME (Type) FUNE 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Purial United Brethern Cem 6-Thurmont 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

Thurmont.

Raymond E. Creager

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09486Reg. Dist. No.

rederick

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YES NO Z

(County)

Marvl

5

(State)

DATE SIGNED

(Stote)

U.S.A.

Months

YIL.

Address

e. IS RESIDENCE

YES NO

Year

10 57

BUREAU V. R.

25P 16 1957

BECEINE

24 hours after death. Page

within

deoth certificate be

õ

O HOSPITAL

2961 va a.

BUREAU V. E.

VS A1S [4] 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9506
CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

| 1. PLACE OF DEATH   | doniale   |               | MARYL                     | AND     | 2 USUAL RESIDENCE (WAS O. STATE Maryla                               |                  | h COUNTY   |              |         | admissi         | on)              |
|---|---|---------------|---------------------------|---------|--|------------------|--|--------------|---------|-----------------|------------------|
| b. CITY OR TOWN (I  | derick If outside corporate limits,                     | write         | c. LENGTH OF STAY II      | N Ib    | c. CITY OR TOWN (If a  |                  |  |              | - 7     | est town        | 1                |
| RURAL and give no   | ersville  |               | 10 days                   |         | X Myersv   | ,                |  |              |         |                 |                  |
|   | AL (If not in hospital, give                            | • street      |                           |         | d. STREET ADDRESS  |                  |  |              | 0.      | IS RESI         | DENCE            |
|   | lar St.   |               |                           |         | N. Mai   | n St.            |  |              |         | YES 🗌           |                  |
| 3 NAME OF<br>DECEASED   | First   |               | Middle                    |         | Lost   | 4. DATE<br>OF    | Mor  | Hh           | Day     | Y               | 'ear             |
| (Type or print)   | SALLIE  |               | GRACE                     |         | HARP   | DEATH            | Septe  |              | 8       |                 | 957              |
| 5. SEX  | 6. COLOR OR RACE  |               |                           |         | 8. DATE OF BIRTH   | 9                | AGE (In years lost birthday)   | Manths [     |         | F UNDER         | R 24 HRS<br>Min. |
| female  | 1122200   | VIDOWE        |                           |         | November 16  |                  | 68 m   |              |         |                 |                  |
| Uring most at worl  | ON (Give kind of work do<br>king life, even if retired) |               |                           | INDU:   |  |                  | **   |              |         | WHAT            | COUNTRY          |
| Housew  | 1fe   | VO            | vn home                   |         | Frederic   |                  | Md.  | U.S          | .A.     |                 |                  |
| 13. FATHER'S NAME   | 25. 4   |               |                           |         | 14. MOTHER'S MAIDEN N  |                  |  |              |         |                 |                  |
|   | Marker R IN U. S. ARMED FORCE                           | 552 14        | COCILI CECHOITY NO        | 122 8   | Cynthia NFORMANT   | Ann B            |  |              |         |                 |                  |
| [Yes, no, or unknown]   | (If yes, give war or dates of serv                      | nce)          |                           |         |  | Cond             | Add  |              |         |                 |                  |
| no  |   |               | 7-18-8810                 | F       | aul D. Harp  | ,, юшт           | thsbur   | 8, ML        |         |                 |                  |
|   | ATH [Enter only one coust ATH WAS CAUSED BY:            | e per-lir     | ne for (o), (b), and (c). | ,       | 1)   | P                |  |              |         | VAL BET         |                  |
| 201.1   | TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_                  |               | recurac                   | L       | Denierri   | rieg ?           |  |              | 7       | ac              | 245              |
| 33/ X   | DUE TO  |               |                           |         |  |                  |  |              |         |                 | -                |
| Canditions, if a  | mmediate ( DUS TO                                       |               |                           | 23      | /  |                  |  |              | -       |                 |                  |
| cosse (o), stoting<br>lying cause last.   | the under-  | a             | Sterio                    | 20      | Cerona   |                  |  |              |         |                 |                  |
| PART II. OTH  | HER SIGNIFICANT CONDI                                   | TIONS C       | CONTRIBUTING TO DEA       | TH BUT  | NOT RELATED TO THE TERMI   | NAL DISEASE      | CONDITION GIV  | EN IN PART   | 1(0) 19 | WAS A<br>PERFOR | UTOPSY           |
| IST.  |   |               |                           |         |  |                  |  |              | ٧       | YES [           |                  |
| (IF EITHER, NOTIFY  | AS UNDERLYING [] 20 G CAUSE OF DEATH MEDICAL EXAMINER)  | Ob. DESC      | CRIBE HOW INJURY OC       | CURRE   | D. (Enter noture of injury in F                                      | Part I or Port I | l of item 18.)   |              |         |                 |                  |
| 20c TIME OF INJUR   | Y Month, Day, Year                                      |               |                           | 20e, PL | ACE OF INJURY (Home, farm tory, street, affice bldg., etc.           | 20f. (City o     | or town)   | (Co          | ounly)  |                 | (Stote)          |
| Hour a.m.   | 19  | While of worl | Not while                 | 101     | invita mean, unite oragi, etc.                                       | 'i               |  |              |         |                 |                  |
| 21. I certify th  | nat I ottended the c                                    | leceos        | ed from Cling             | 30      | 1957, to S   | 0px 1            | 7 195  | Z,that I lo  | uos te  | v the c         | deceased         |
| olive on  | opt 7   | ., 12.5       | 7 and that                | deoth   | occurred at \$ 10 A  | M, from          |  |              |         |                 |                  |
|   | 0 = 1   |               | 1.1                       |         |  |                  | et, city or town,  |              |         |                 | TE SIGNED        |
| ACTUAL<br>SIGNATURE   | 1 zen   | 12/           | Harp                      |         | M.D. The   | dal              | exoun  |              | - 7     | -8              | -57              |
| PHYSICIAN'S<br>NAME (Type)  | J.EI  | 2             | er HAI                    | PP      | * ton 40° Thinker 40° ton the face file and the courter for the cour | :                | and the state of t |              |         |                 |                  |
| 220 BURIAL, CREMAT C<br>REMOVAL (Specify)   | N, 226. DATE THEREOF                                    |               | 22c. NAME OF CEME         |         |  | 22d LOCATIO      | ON (City, town,  | or county)   |         | (Stote          | )                |
| 5850181   | Sept 10.  | 195           | United                    | Br      | ethern   | Myers            | ville,   |              |         | . Md            |                  |
| 23 FUNERAL DIRECTOR   | SSIGNATURE  |               | ADDRESS                   |         | 240. REC'I   | D BY REGISTR     | AR 24b. REGI   | STRAR'S SIGI | NATURE  | //              | 3,10             |
| A TOWNS THE PARTY OF THE PARTY | D4 4 4 7 -  | 4             | 7 - 2                     | all a   | B. C   |                  |  | 1/2 -        |         |                 | 1111             |

## DECEINED

SEVO A. E

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09489 /3/

| 934   |   |   | •   | Reg. Dist. No.                                     |
|---|---|---|---|--|
| 1. PLACE OF DEATH COUNTY Frederick  | MARYLAND                                | 2. USUAL RESIDENCE (WH  | and b. COUNTY                                   | on: Residence before admission) Frederick          |
| b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest lown) RURAL FIELD COVID  | write c. LENGTH OF STAY IN 16           |   | outside corporate limits, write Ri<br>Lddletovm | URAL and give nearest town)                        |
| d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION AT home  | street address)                         | d. STREET ADDRESS   |   | e. IS RESIDENCE<br>ON A FARM?<br>YES A NO          |
| 3. NAME OF DECEASED (Type or print) John  | $^{	ext{	Middle}}$                      | Harshman  | 4. DATE OF Sept. Mon                            | 14 Day Yeor 57                                     |
| 7   | MARRIED NEVER MARRIED DIVORCED DIVORCED | S DATE OF BIRTH   | 9. AGE (in years to birthday) yrs.              | Months Days Hours Min.                             |
| 190. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)  | 10b. KIND OF BUSINESS OR INDL           | Istry 11. Birthplace (Stote Lary) and                         |   | U.S.   |
| 33 FATHER'S NAME Somuel Harshn  | nan                                     | 14 MOTHER'S MAIDEN N  | ra Neff   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCE:  1791, no. or unknown)  1. (If yes, give wor or dotes of servin   | rel                                     | INFORMANT   | Guyton Ru                                       | ral l'iddletern                                    |
| PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last.  CAUSE OF DEATH (Enter only one couse (b)  DUE TO  DUE TO | Cardis - Vas                            |   | (advanced                                       | ONSET AND DEATH                                    |
| PANT II OTHER SIGNIFICANT CONDIT  | TIONS CONTRIBUTING TO DEATH BU          | T NOT RELATED TO THE TERM                                     | INAL DISEASE CONDITION GIV                      | YEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | DESCRIBE HOW INJURY OCCURE              | ED (Enter nature of injury in                                 | Port I or Part II of Item 18)                   |  |
| ZOc. TIME OF INJURY Manih, Doy, Year Hour o. m. 19  |   | LACE OF INJURY (Home, form policy, street, office bldg , etc. |   | (County) (State                                    |
| 21. I certify that I attended the divide on Mary 12  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  PHYSICIAN'S JE 17   | enver Harp                              | M.D.  | ADDRESS (Street, city or town,                  | tolen 9'-145                                       |
| 720. BURIAL CREMATION, 226 DATE THEREOF Sent. 17  | 7 Gros nicht                            | or crematory Le Cemetery                                      | near lyers                                      |  |

240, REC'D BY REGISTRAR

246 REGISTRARY SIGNATURE

ADDRESS

TO FUI VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

T TAVERIN

SEP 17 1357

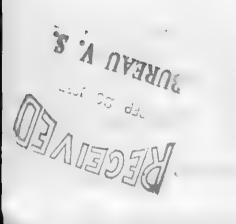
DANIE SECENALE

| I  |          | m ol Film  | 7777   |             | TATE DEPARTI<br>L EXAMINER          |     |  |             |                        |             |            | 05                 | (491)        |
|----|----------|--|--|-------------|-------------------------------------|-----|--|-------------|------------------------|-------------|------------|--------------------|--------------|
| Q. | 1.       | PLACE OF DEATH o. COUNTY                                 | 9477<br>rederick   |             | MARYLAN                             | ND  | 2. USUAL RESIDENCE (Where deceared lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Montogomery |             |                        |             |            |                    |              |
|    | ŧ        |  | Foutside corporate filmsh, write if                            | RURAL       | c. LENGTH OF STAY IN                | 1Ь  | c Clai   | id ex       | outside cesporete      | D'. Zile    | RLRAL and  | give nea           | rest town)   |
|    | -        | Frederi  | ok Memoria   | not in hos  | pital, give street address)         |     | d. STREET A  | DDRESS      |                        |             |            |                    | ON A FARM?   |
|    |          | NAME OF<br>DECEASED<br>(Type or print)                   | Ira <sup>First</sup>   |             | Middle                              |     | Hayes  |             | 4. DATE<br>OF<br>DEATH | Septe       | mber       | 13/                | 1 1 9 5 7    |
|    |          | Male   | Colored  | MIDOWE      |                                     |     | Feb.   | 8,18        | 88                     | 69 yrs.     | Months C   | ays H              | UNDER 24 HRS |
|    |          | Laborer  | ON (Giva kind of work do<br>ng life, even if retired)          | ne 10b. K   | IND OF BUSINESS OR IND              |     |  |             |                        | b •         | 12. CH12   | S.A                | WHAT COUNTRY |
|    |          |  | orge R. Hay  |             |                                     |     |  | MAIDEN N    | Kearnes                |             |            |                    |              |
|    |          | . WAS DECEASED EV  | ER IN U. S. ARMED FORG   |             | SOCIAL SECURITY NO. 17              |     | ormant<br>ohm Ha   | yes         | Boy                    | yd , Mi     | . B1       | rothe              | or           |
|    |          |  | TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (a) |             | for (a), (b), and (c).]             | Lmo | naru   | Infa        | rcts                   |             |            | INTERVA<br>ONSET A | L BETWEEN    |
|    |          | Conditions, if a   |  |             | Thrombosis                          | 01  | Left   | Fem         | orial V                | ein         |            |                    |              |
|    | FICATION | (a), stating the cause last.                             | underlying DUE TO (c)_   |             | Gun shot we                         |     | •  |             |                        |             |            |                    |              |
| 2  |          |  |  |             | JE HTARD OT DNITUBIRTING            |     |  |             |                        |             | EN IN PART |                    | PERFORMED?   |
|    | CERT     | 20g. EXTERNAL CAI<br>PRIMARY [] or CO<br>CAUSE OF DEATH. |  |             | n shot wou                          |     |  |             |                        |             |            |                    |              |
|    | MEDICAL  | 20c. TIME OF INJU<br>Hour a.m.<br>p. m                   | 7/18/57  | While of wo | rk K at work                        | He  | ome?   | bldg , etc. | CTETY                  | sboll       |            | n.R.               |              |
|    |          |  |  |             | emains described a  ], Accident [], |     |  |             |                        |             |            | ' 图. 《             | and find the |
|    |          | SIGNATURE_   | 1307   | for         | mas                                 |     | M.D. CHIEF M   | EDICAL EX   | AMINER [               |             |            | E                  | DATE SIGNED  |
| -  |          | EXAMINER'S<br>NAME (Type)                                | B.O.Thom   | ลร์         |                                     |     |  |             | EXAMINER (1)           | Se          | ptem       | ber                | 18,195       |
|    |          | REMOVAL IS pecify  | 7/20/01  |             | Rocky H11                           |     |  |             | Clared                 | m4          | county)    |                    | (State)      |
| *  | 23.      | Refer d  | 110  | U Ro        | ADDRESS<br>ckville, Mi              |     |  | DATE        | D MYREGISTRAR          | 246. REGIST | 1          | Le C               | k            |

TO DEPUTY MEDICAL EXAMINER: This certificate shared be executed within 20 hours after death. If any delay is necessary, please execute a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be fan at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yim fos.

TO FUNARAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regular or burial, cremation,

VS. A15ME(5) SM 9/55



director

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24 hours ofter death.

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SEP 1,6 1957

DECENAL!

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEINED

BUREAU V. S.

BUREAU V. E.

SECENTEL SECTION OF LAND SECTI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

SEP 4 1957

|       |         | MARYLAND STATE DEPART   | MENT OF HEALTH—BALTIMORE, 18   | 495                    |
|-------|---------|---|--|------------------------|
| ( III | L       | 9598 CERTIFIC   | CATE OF DEATH Reg. Dist. No. /   | 34.                    |
|       | 1.      | PLACE OF DEATH b. COUNTY Frederick MARYLAN  | 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before oc. STATE Maryland b. COUNTY Freder1 | _                      |
|       | -       | b. CITY OR TOWN (If outside carporale limits, write RURAL and give neares) town)  | b c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest                                   | town)                  |
|       |         | Emmitsburg. 71 year:  | Emmitsburg,  |                        |
|       |         | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  | d. STREET ADDRESS ) e. IS  | RESIDENCE<br>N A FARM? |
|       |         | 21 / North Seton  |  | S NOT                  |
|       | 3.      | NAME OF First Middle OECEASED (Type or print) Charles Peter   | Keepers   4. DATE   Month   Doy  | Year<br>19 57          |
|       | 5       | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   |  |                        |
|       | L       | Male White WIDOWED DIVORCED   | Feb. 0, 1000 (1 yrs.   | urs Min                |
| # /   | 100     | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)                  |  |                        |
| 1 /   | _       | Butcher   | Frederick County, Md. U.S  | A.                     |
|       | 13.     | FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |                        |
|       | 15      | Alexious Keepers  WAS DECEASED EVER IN U. S. ARMED FORCES? 176. SOCIAL SECURITY NO. 11  | Elizabeth Seabold  |                        |
|       | (14     | no or unknown) (If yes, give wor or dates of service)   |  | Seton                  |
|       | -       |   | Ms has li Keljuste Emitsburg   |                        |
|       |         | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) QUECULONS | INTERVA ONSET  | ND DEATH               |
|       |         | IMMEDIATE CAUSE (a) CONTROLLA TO DUE TO   | privacace /4   | R.                     |
|       | L       | Conditions if now which \   |  |                        |
|       |         | gove rise to immediate  |  |                        |
|       |         | tying couse lost.   |  |                        |
|       | NO      | PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 W                                      | AS AUTOPSY             |
| כ     | 3       | 260x Dealeter Mellelus  |  | REFORMED?              |
|       | CERTIFI | 206. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING AUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER                                | RRED. (Enter nature of injury in Port I or Part (I of item 18.)  |                        |
|       |         |   |  |                        |
|       | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. pt. While Not while  | PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.),                | (Stote)                |
|       | ME      | p. m. 19 of work of work 27   |  |                        |
|       |         | 21. I certify that hattended the deceased from Also   | 1957, to 44-74, 1957, that I last saw I  | he deceased            |
|       |         | alive on 11 124 1957, and that de-  | oth accurred at 120 M, from the causes and on the date s   |                        |
|       |         | (A)((), 10.   | ADORESS (greet, cibyer lown, stole)  | DATE SIGNED            |
| í     | 1       | ACTUAL SIGNATURE  | _MO. Muserasally Tust 9-7  | ~>~S,                  |
|       | 1       |   |  | /                      |
|       |         | PHYSICIAN'S   |  | ,                      |
|       | 22.     | NAME (Type)   |  |                        |
|       | 220     | NAME (Typo)  22c. NAME OF CEMETER  22c. NAME OF CEMETER   |  | State)                 |
| ٠     | L       | NAME (Typo)  22c. NAME OF CEMETER  22c. NAME OF CEMETER   | n's Catholic Emmitsburg, Maryland  |                        |
|       | L       | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER ST. JOSEP.   | 1's Catholic Emmitsburg, Maryland  |                        |





Page

death.

24

within

2 .V UARRUS

SEP 13 1257

VS A15 (4) ISM 9/55

| MARYLAND ST | TATE DEPARTMENT | OF HEALTH— | BALTIMORE, | 18 |
|-------------|-----------------|------------|------------|----|
|             |                 |            | •          |    |

CERTIFICATE OF DEATH

09497

| Ł             |  | 9510                           | CERTIFI                              | CATE                  | OF DEAT  | Н                      |  | Reg. Dist.     | No.               |                          |
|---------------|--|--------------------------------|--------------------------------------|-----------------------|--|------------------------|--|----------------|-------------------|--------------------------|
| 1.            | PLACE OF DEATH COUNTY Frederi  | ck                             | MARYLAN                              | 11 2                  | STATE MAT  | here deceased I        | ved. Il institutio<br>b COUNTY                 |                | efore admissional |                          |
|               | b. CITY OR TOWN (if outside corporation of the corp |                                | c. LENGTH OF STAY IN 40 YES          |                       | c. CITY OR TOWN (IF                                |                        | a limits, write RU                             | IRAL and give  | nearest fown      | )                        |
|               | d NAME OF HOSPITAL (If not in h<br>OR INSTITUTION  | ospital, give street o         |                                      |                       | d. STREET ADDRESS                                  |                        |  |                |                   | DENCE<br>FARM?           |
| 3             | NAME OF DECEASED (Type or print) Juli  | First (                        | Jesse K                              | irch                  | lost<br>M <b>er</b>                                | 4. DATE<br>OF<br>DEATH | Sept.  | 19             | ,                 | Year<br>19 <b>57</b>     |
| 5.            | . SEX 6. COLOR O   | R RACE 7. MARR                 | IEO NEVER MARRIED                    | 8. DA                 | TE OF BIRTH  | 9                      | AGE (In years lost birthday)                   | IF UNDER TY    |                   |                          |
|               | Male wh  | ite WIDOWE                     | D DIVORCED                           | Au                    | gust 29.   | 1881                   | 76 yr  | Months Da      | ys Hours          | Min,                     |
|               | o USUAL OCCUPATION (Give kind during most of working life, even  | if retired)                    | KIND OF BUSINESS OR IP               |                       |  | or foreign coun        | try)   | 12. CITIZE     | U.S.              |                          |
| 作             | 3. FATHER'S NAME   |                                |                                      | 14.                   | MOTHER'S MAIDEN                                    | NAME                   |  |                |                   |                          |
| L             | Julius A. Kir  | chner                          |                                      |                       | Ann B  | rown                   |  |                |                   |                          |
| E C           | 5. WAS DECEASED EVER IN U. S. AR. Yes, no, or unknown) (If yes, give wor o   |                                | 19-07-2174                           | 7. INFOR              | mant<br>Irs. Lulu                                  | N. K1                  | Addre<br>chner                                 | Thurn          | ont.              | Md.                      |
|               | 18. CAUSE OF DEATH [Enter on   | y one cause per lin            | e for (o), (b), and (c) ]            |                       | _  | 1.                     | 1  |                | NTERVAL BE        |                          |
|               | PART I. DEATH WAS CAU  | SED BY: Ma                     | saine Co                             | 101                   | Qual t   | emp                    | rhas   | 10             | ONSET AND         | MALL                     |
|               | Conditions, if ony, which gove rise to immediate case (o), stating the underlying cause lost.  | DUE TO                         | yperten                              | cia                   | u  |                        |  |                | year              | u.                       |
| CEPTIFICATION | PART II. OTHER SIGNIFICA   |                                | ONTRIBUTING TO DEATH                 | BUT NOT               | RELATED TO THE TERM                                | INAL DISEASE C         | ONDITION GIVE                                  | EN IN PART 1(  | PERFO             | AUTOPSY<br>RMED?<br>NO K |
|               |  | G 205. DESC<br>DEATH<br>MINER) | CRIBE HOW INJURY OCCU                | JRRED. (En            | ter noture of injury in                            | Port I or Port II      | of item 18.)                                   |                |                   |                          |
| MEDICAL       | 20c. TIME OF INJURY Month, ( Hour o. m. p. m.  | While                          | IJURY OCCURRED 20e Not while of work | foctory.              | OF INJURY (Home, farr<br>street, office bldg., etc | n, 20f. (City or       | town)  | (Cour          | nfy}              | (State)                  |
|               | 21. I certify that I often olive on Loph 19  | ed the decease 12.5            | od from Left. Z., and that de        | C. 19 oth occ 2.4M.D. | 1957, to turred of 7:25                            |                        | 19.5 7<br>the couses of<br>the city of lown, s |                | dote state        |                          |
|               | PHYSICIAN'S D. Ch  | arles R.                       | Williams                             | MD                    | En   | 1 21/5                 | bung   | >              | nid.              |                          |
| 2             | 20. BURIAL, CREMATION, 22b. DATE<br>BUTIAL 9-2   | 1-57                           | 22c. NAME OF CEMETER<br>Blue Ridge   |                       |  |                        | N (City, town, o                               | r county) Marv | (Stote            | •)                       |
| _             | 3. FUNERAL DIRECTOR'S SIGNATURE  |                                | ADDRESS                              |                       | 24a. REC   | D BY REGISTRA          | R 205 REGIS                                    | TRAR'S SIGNA   |                   |                          |
|               | Raymond E. C.  | PARFAT                         | Thurmant.                            | Ma                    | 2.77   | EP 24 '57              | 100  | edu.           | 1.                |                          |

BULLEAU W. B.

TEL ... ABS

| 1 %  | /            | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09498  |        |
|--|--------------|--|--------|
| 7 75   | Y            | CERTIFICATE OF DEATH  Reg. Dist. No.   3   |        |
| Page<br>director<br>ed with  | ("           | 1. PLACE OF DEATH o COUNTY Frederick  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b COUNTY Carroll   |        |
| erol o   |              | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16  C. LENGTH OF S | 1      |
| er de  |              | Frederick 4 days Keymar  |        |
| by the   | 10           | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Frederick Memorial Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)   | 2_     |
| ed h   |              | 3 NAME OF DECEASED (Type or print) 13 120 2 Middle ( Lost DEATH DEATH Day Year DEATH DEATH DEATH DEATH DEATH DEATH   |        |
| hin 2<br>y filli<br>ages   |              | 111111111111111111111111111111111111111  | /      |
| s et et s  |              | 5. SEX    6. COLOR OR RACE   7.   MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yyors left Under 14 He last birthdoy)   Months Days Hours Min.     White   WIDOWED   DIVORCED   October 12.1875   81 yrs   Months Days Hours Min.  | _      |
| amp<br>oper<br>th.   |              | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNT during most of working life, even if retired)  | RY?    |
| execund control of the poly  | 1            | Postmaster Civil Service Maryland U.S.A.   |        |
| on o   |              | 13. FATHER'S NAME  |        |
| physicia<br>mave a<br>haurs a  |              | George W. Koons Sarah Ann Bostion  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT Address  |        |
| g phy<br>remo  | >            | [Yes, no. or unknown] [If yes, give wer or dates of service]   |        |
| offing<br>Seling<br>Seling<br>Sin 7  |              | no   none   Mr. Clyde o. Koons, Frederick, Maryland   18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c), (c), (c), (c), (c), (c), (c), (c),   | =      |
| ap of the day  | -            | PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CONOR FORCE ONSET AND DEATH WAS CAUSED BY:  | ,      |
| The The  | $\mathbf{I}$ | DUE TO   |        |
| £ 3  |              | Conditions, if ony, which ) (b) Asterna olivaria   |        |
| equires<br>n.<br>signed<br>it permind in on  |              | gove rise to immediate cattle (a), stating the under-lying cause tost.  DUE TO  (c)  |        |
| sicia<br>sicia<br>men<br>rons  |              | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  | Y      |
| he to<br>phy<br>nas E<br>nial-1  | 4            | 3 Cerebal Shrom bosis YES NO   |        |
| ending<br>ficate the burner or ren   |              | YES NO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)   |        |
| ar officertiis certiinse as  |              | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour e. m. 19 While of work of work of work of work  | e)     |
| Far the Contract of the Contra |              |  | _      |
| FNDIN<br>the has<br>IR: Afte<br>Pached<br>burial,  |              | 21. I certify that I attended the deceased from Deff., 19.57, to 19.57, that I last saw the decease alive on 19.57, and that death occurred at 2.4 M, from the causes and an the date stated aba   | ive,   |
| ed by Recre<br>Recre<br>be de  | 1            | ACTUAL ADDRESS (Street/ejty or town, stote)  ACTUAL  ADDRESS (Street/ejty or town, stote)  ACTUAL  ACTUAL  ADDRESS (Street/ejty or town, stote)  ACTUAL  ACTUAL  ADDRESS (Street/ejty or town, stote)  | IED    |
| peraine<br>peraine<br>r rould<br>strar pr  | 1            | PHYSICIAN'S NAME (Type) A. A. Pearre   |        |
| MOSPIT<br>may be populated by Proper 31  | ^            | 220. BURIAL, GREMATION, BURIAL (Specify) Sept., 10, 1957 Haugh's Cemetery Remarks (Specify) Ruthal Sept., 10, 1957 Haugh's Cemetery Reyman, Patyland   |        |
| 5 5 0 ==   |              | 23. FUNERA DRECTOR'S SIGNATURE O ALL ADDRESS 240. REGISTRAR'S SIGNATURE  |        |
| VS A1S (4)<br>1SM 9/S5   | og.          | Merwyn C. Fust Tanevtown, Paryland OATE 10 Sept 1957 Engluth & Hech  | nimig. |

SEVO A. B.

JEB II 1825

DECENTE

| 1   |       |          | MARYLAND STATE DEPARTA  | MENT OF HEALTH—BALTIMORE, 18   | 09490                            |
|---|-------|----------|---|--|----------------------------------|
|   |       |          | 9483 CERTIFIC   | ATE OF DEATH Reg. Dist   | . No. 131                        |
| director<br>led wil                                 | ( his | 1.       | PLACE OF DEATH O. COUNTY FREDORICK MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence o. STATE b. COUNTY FRED | e before admission)              |
| edin.   | 12    |          | b. CITY OR TEAM -(If outside corporate limits, write RURAL and give nearest town)   | c. CYTTOR TOWN/(If outside corporate limits, write RURAL and gi                            |                                  |
| the fun<br>should                                   | 69    | -        | DE INSTITUTION  AME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION   | d. STREET ADDRESS  | e. IS RESIDENCE<br>ON A FARM?    |
| by d 2  | 10.7  | 3.       | PRODURICK MEMORIAL HOSPITAL  NAME OF First Middle   | Lost 4. DATE Month   | YES NO Day Year                  |
| 111111111111111111111111111111111111111             |       | 1        | OFFICEASED (Type or print) William Charles.   | Lee DEATH Sept.  | 7 1957                           |
| Pog   |       |          | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF DIVORCED DIVORCED DIVORCED   | last dirinady) Months [  | FEAR IF UNDER 24 HRS             |
| oned<br>omple<br>opers.                             |       |          | LISUAL OCCUPATION (G've kind of work done) 10b. KIND OF BUSINESS OR IND   | USTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZ                                   | EN OF WHAT COUNTRY?              |
| and co  | į     | L        | during most of working life, even if retired)   | MARYLAND   | SA                               |
| ion a<br>corb                                       |       | 13.      | William Lester Timpson  | 14. MOTHER'S MAIDEN NAME   |                                  |
| physici<br>mave<br>hours                            |       | 15.      |   | INFORMANT Address  | 1111                             |
| an au   |       |          | L   | annafelle Lee Hamen  | les Mq                           |
| otten<br>otten                                      | I)    |          | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE Pulmon are I A | lelectasis A   | INTERVAL BETWEEN ONSET AND DEATH |
| by the t. The y event                               |       |          | DUE TO (  | (-1-5  |                                  |
| ned bermit  |       |          | Conditions, if any, which gove rise to immediate coese (a), storing the under-  | tailurz /  |                                  |
| ion.<br>ion.<br>in sig<br>nsit p                    |       | 7        | lying couse lost. (c)   |  |                                  |
| physic<br>os bec<br>ial-tra<br>aval,                | P)    | CATION   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI  | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART                             | PERFORMED?                       |
| ending<br>ficate hi<br>the buri                     |       | CERTIFIC | 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | RED. (Enter nature of injury in Port 1 or Port 11 of item 18 )                             |                                  |
| of or off<br>his certi<br>use as                    |       | MEDICA   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 of work at work 19  | PLACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)     | ounty) (State)                   |
| frer the cre  |       |          | 21. I certify that I attended the deceased from 9/7   | 1957, to 9/7 1957, that I lo   | est saw the deceased             |
| The h   |       |          | alive on 9/7, and that dea  | th occurred at 6 P.M. from the causes and on the ADDRESS (Street, city or lown, state)     | date stated above.               |
| or At<br>ined by<br>DIRECTO<br>Id be de<br>prior to | 2     |          | SIGNATURE Fred Hedrit to  | M.O  |                                  |
| prelaine<br>Di<br>Stror pr                          | /     |          | PHYSICIAN'S FRED J. HELDRICH  | Frden (  | ud                               |
| may be FUNE page 3 the reg                          |       | 22:      | BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY, BELLIA 9-57 FUTULIEUS  | OR CREMATORY 22d. LOCATION (City, town, or county) Mills Com Historian Wells               | (Stote)                          |
| VS A15 (4)  |       | 23.      | FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN  | NATURE AT 1                      |
| 15M 9/S   |       |          | He Calcone new ma   | after MicroATE 10 Sept 1951 Chale  | Mr. J. Attern                    |

OBAIDS OF

2 .V UABRUP

death.

ofter (

24 hours

within

HOSPITAL

O

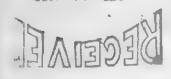
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

SEP 37 1957

BECENTED

| 7  |               | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  | Ena                       |
|--|---------------|--|---------------------------|
|  |               | 9485 CERTIFICATE OF DEATH  | 501                       |
| 9 9 E  |               | Reg. Dist. No.  2 USUAS RESIDENCE (Where decreased lived. H institution Residence before   | e admission)              |
| died bell  |               | o. COUNTY Frederick MARYLAND O. STATE Maryland b. COUNTY Frederic  |                           |
| leoth.   |               | b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)   | rest tawn)                |
| ter d  | -             | Frederick  d. NAME OF HOSPITAL (If not in hospitol, give street address)  d. STREET ADDRESS  | . IS RESIDENCE            |
| by 11  | L             | Frederick Memorial Hospital 13 East All Saints Street  | ON A FARM?                |
| of a   | 3.            | DECEASED   | 4                         |
| hin 7<br>y filli   | -             | (Type or print) VINCENZA SANTA MARINO DEATH September 5, S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In your lift UNDER 1 YEAR)  | 19 57 IF UNDER 24 HRS.    |
| r. P   | _             | Female White wipower Divorced 30 June 1865 92 yrs Marking Days   | Hours Min.                |
| execute nd camp n pape death.  | 10a           | during mast of working life, even if retired   | F WHAT COUNTRY            |
| ond ond ser de   | 13.           | House-work At Home Cefalu, Italy USA 3. FATHER'S NAME  |                           |
| ician<br>rs off  |               | Vincent Maranta Josephine Domina   |                           |
| physical phy | 15.<br>(Ye    | 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT NO |                           |
| oding oding 7.   | -             |  | RVAL BETWEEN              |
| atte de  |               | PART I. DEATH WAS CAUSED BY: Cerebral Hemonifice ONSI  | CLASSES                   |
| Then Then  |               |  |                           |
| res the  |               | Canditions, if any, which gave rise to Immediate DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  | lean,                     |
| requi  |               | Couse (a), stating the under-   DUE TO     lying cause tast.   (c)   |                           |
| faw<br>ysicie<br>beer<br>beer<br>of, a   | NOT N         | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19  | WAS AUTOPSY<br>PERFORMED? |
| The ng ph<br>e has   | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  | YES NO.                   |
| HAN<br>ificati<br>ificati<br>ificati<br>ificati  |               |  |                           |
| PHYSIC<br>al or of<br>his cert<br>use as   | MEDICAL       | S 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a. st. Pp. m. 19 at work at w | (Stote)                   |
| ING<br>ospital<br>for the bid for bid, can   | L             | 21. I certify that I attended the deceased fram ling 30 , 1957, to Sept. 5, 1957 that I last sa  | w the decease             |
| TEND<br>The h<br>DR: A<br>DR: A<br>doche<br>Burid  |               | alive an Seat 5, and that death occurred at 10:15 M, from the causes and an the date   |                           |
| ned by DIRECTO   |               | ACTUAL Robert S. Jumes, James, 7 E. Church St., Frederick, Md.   | 9-7-57                    |
| retain<br>PITAL<br>PITAL<br>Istror p   |               | PHYSICIAN'S Robert S. Turner, Jr., M. D. Rabert S. Juner,  | Ja                        |
| HOSI<br>boy by<br>FUNE<br>age 3  | 220           | 22c. NAME OF CEMETERY OR CREMATORY BUTTal Specify 9-9-57  22c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery Frederick, Maryland   | (Stote)                   |
| 5 5 7 #  | -             | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE   | §)                        |
| YS A15 (4)<br>15M 9755   | L             | M. R. Etchison & Son, Frederick, Maryland DATE 10 Sept 1951 The Little   | 9. Heck                   |



BUREAU V. S.

SEP II 1967

**CERTIFICATE OF DEATH** 9486 Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed , a. COUNTY o. STATE b. COUNTY MARYLAND Frederick Maryland Frederick death. ero b. CITY OR TOWN Uf outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give negrest town) should Freder 🗠 Frederick Vrs 24 hours after d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 16 liddle Street YES NO liddle Street NAME OF First 4. DATE Middle Month Day Year DECEASED OF (Type or print) DEATH Alverta fcKee Sent 19 50 within 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (În years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min. 0 WIDOWED [ DIVORCED | Female Colored popers. yes. campl 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) रशास सब बाद सार माराज्या तथ ond New Market corban Fred. 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physicion Henry Sevell Mary Simpson hours **BOY**e 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Hending Unknown Erank Sewell Hew Market. Fred death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN 7 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

[MMEDIATE CAUSE for to the 2\_ VRS the 444X that DUE TO 5 Ë any Conditions, if any, which been signed transit permi gove rise to immediate **DUE TO** couse (o), stoling the underpup lying souse last. **burial-transit** physician (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 179, WAS AUTOPSY removal. PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) ficate the S 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Day, Year (County) (State) 93 Hour a. fi. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death occurred at Z.A. .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL Pig 9 HOSPITAL PHYSICIAN'S NAME (Type) FUNE 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) pode (State) REMOVAL (Specify) Rumial impsons New Market Fred Co. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Charles E. Hicks 111 Frederick.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BUREAU V. S.

MECENAED ASS

BUREAU V. S.

| 1   | Т                | MARYLAND STATE DEPARTA   | MENT OF HEALTH—BALTIMORE, 18   |   |
|---|------------------|--|--|---|
| 7 85 11 1                                       |                  | 9487 CERTIFIC  | ATE OF DEATH   | 0.9504<br>teg. Dist. No. 3                          |
| I directo                                       | 1.               | PLACE OF DEATH D. COUNTY  Frederick  MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY FIGURE FOR | Residence before admission)                         |
| death.  |                  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RUR                                | AL and give nearest town)                           |
| ofter<br>shoul                                  | -                | Frederick 20 yrs d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION  | d. STREET ADDRESS  | IS RESIDENCE     ON A FARM?                         |
| d by  | 3.               | Frederick Memorial Hospit-   | 526 North Market Street  | YES NO Day Year                                     |
| n 24 h  |                  | DECEASED (Type or print) Catherine Sophia  | Mitchell OF Septem   |   |
| within Page                                     | S.               | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED   | lost birthday) A   | UNDER I YEAR IF UNDER 24 HRS Aonths Days Hours Min. |
| campli<br>popers                                | 10               | To USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  | 3600 232077  | 12 CITIZEN OF WHAT COUNTRY?                         |
| on and o  | // <sub>13</sub> | Housewife At Home  | Maryland   | USA   |
| - 155 ·   |                  | Jacob Layman   | Alberta Miller   |   |
| g physic<br>remove<br>72 hours                  |                  | (as, no, or unknown)   (If yes, give war or dates of service)   -  | INFORMANT Address  |   |
| eath centing lease than 7                       |                  | 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   | Homer C Mitchell, 526 N.Market   | INTERVAL BETWEEN ONSET AND DEATH                    |
| the d<br>hen p<br>ent wi                        |                  | PART I. DEATH WAS CAUSE ON CITY CON-   | ernema )   | ONSE! AND DEATH                                     |
| that a lby that air. I my ev                    |                  | The state of the s | Tastis in dedoman  |   |
| requires  |                  | gove rise to immediate costs (a), stating the under- lying cause lost.  DUE TO Carry T (c)   | unge   |   |
| physici<br>physici<br>as been<br>ial-tran       | CERTIFICATION    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI   | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN                                 | IN PART 1(e) IP. WAS AUTOPSY PERFORMED? YES NO      |
| IAN: Ti<br>ending<br>ficate h<br>the bur        |                  |  | RED. (Enter nature of injury in Part 6 or Part 11 of item 18.)                         |   |
| PHYSIC<br>al or all<br>his cert<br>use as       | MEDICAL          | 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED   20e.   Hour o. m.   19   of work   at work   19   | PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)  | (County) (Stote)                                    |
| JING naspite After the for for ind, and         |                  | 21. I certify that I attended the deceased fram.   |  |   |
| OR: )   |                  | alive an 192/, and that dea  | th accurred at 11:30 M Abon the causes and ADDRESS (Street, city or lown, sto          |   |
| OR A<br>ined by<br>DIRECT<br>Id be o<br>prior t |                  | ACTUAL SIGNATURE CONTINUES   | _M.D   | · · · · · · · · · · · · · · · · · · ·               |
| PYAL O  |                  | PHYSICIAN'S NAME (Type) B.O. THOMAS, SR MD   | - North-Warket Street, Fre   | -deriakMd   |
| may be<br>o FUN<br>page 3                       | 2                | REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY PUPT 81  | OR CREMATORY 22d. LOCATION (City, fown, or o   | county) (State)                                     |
|   | 23               | I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 24a. REC'D BY REGISTRAR 24b. REGISTR   | AR'S SIGNATURE                                      |
| VS A15 (4)<br>15M 9/55                          | L                | M.R.Ftchison and Son Frederick, Md   | DATE 25 Sept. 1937 Eli   | jabite 4. Heis                                      |
|   |                  |  |  | V   |

BUREAU Y. S.

DECENAEU STA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEP 23 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9489 CERTIFICATE OF DEATH Reg. Dist. No. d director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY **b**/COUNTY MARYLAND death. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR/TOWN (If aulside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 0 0 2 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 hours e177 57 redev YES NOT 4. DATE Middle Lost Day Month Year DECEASED (Type or print) DEATH 19 3 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 7 B. DATE OF BIRTH lost birthdoy) Months Hours Days WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dering most of working life, even if retired) 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED, FYSK IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 1770 6/0 X DUE TO Canditions, if any, which ] gave rise to immediate DUE TO cosse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXT INAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? NOF 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. m. While Not while of work at work p. m. 21. I certify that I ottended the deceased from 192 \_\_\_\_\_\_that I last saw the deceased , and that death occurred at 10. oliva on\_ M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE o O HOSPITAL PHYSICIAN'S NAME (Type 22b DATE THEREOF 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or coupty) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR 15M 9/55



| 1   |         |                                       | MA   | RYLAN                    | STATE DEPAR                  | MENT OF                                    | HEALTH                          | -BAL                   | TIMORE, 1                         | 8         | nns          | 0.2                              |
|-----|---------|---------------------------------------|--|--------------------------|------------------------------|--|---------------------------------|------------------------|-----------------------------------|-----------|--------------|----------------------------------|
| M ) |         |                                       | G  | 490                      | CERTIFI                      | CATE OF                                    | DEATH                           | l                      |                                   | Reg. Di   | st. No.      | 31                               |
|     | 1. 8    | LACE OF DEATH COUNTY THE              | erick  |                          | MARYLAI                      | TATE OF STATE                              | SIDENCE (Wh                     |                        | d lived. If institution b. COUNTY |           | red are      |                                  |
|     | b       | CITY OR TOWN. RURAL and give          | (If outside corpore                                | de limits, write         | c. LENGTH OF STAY IN         | 1  |                                 |                        | rale limits, write Ri             | JRAL and  | give nearest | lawn)                            |
| 69  | (       |                                       | PITAL (If not in hos                               | pital, give stree        | et oddress)                  | 72.7                                       | ADDRESS                         | 1120                   |                                   |           | 0            | RESIDENCE<br>ON A FARM?          |
|     | 0       | IAME OF<br>ECEASED<br>Type or print)  | C+ 7   | First                    | Middle                       | Pead                                       | le                              | 4. DATE<br>OF<br>DEATH | Mon                               | th        | Day          | Yeor                             |
| , : | 5 S     | EX                                    | 6. COLOR OR  |                          | RRIED NEVER MARRIED          | _  | RTH                             |                        | 9. AGE (In years last birthday)   | Months    |              | JNDER 24 HRS.                    |
| 7,  | Qa      | USUAL OCCUPA<br>during most of w      | TION (Give kind of orking life, even if            | wark dane 10<br>retired) | b. KIND OF BUSINESS OR I     | NOUSTRY 11. BIRTH                          | PLACE (Stole                    | or foreign c           | ountry)                           | 12 CI     | TIZEN OF W   | HAT COUNTR                       |
| 1   | 3.      | FATHER'S NAME                         | n : 14 , m   | 4.                       |                              | 14. MOTHER                                 | S MAIDEN N                      | AME                    | 4                                 |           |              | -                                |
|     |         | NAS DECEASED E                        | VER IN U. 5. ARME                                  |                          | 6. SOCIAL SECURITY NO.       | 7. INFORMANT                               | 7                               | ege S                  | Adde                              | ess -     | 7            |                                  |
|     |         |                                       | EATH (Enter only<br>EATH WAS CAUSE<br>IMMEDIATE CA | D BY.                    | line for (o), (b), and (c) ] | Thema                                      | orrhe                           | ull                    |                                   |           |              | AL BETWEEN                       |
|     |         | /X<br>Canditions, if                  | any, which )                                       | UE TO                    | Hyperte                      | usem                                       | ,0                              | Ist                    | ential                            |           | 30           | Kan                              |
|     |         | tying couse las                       | g the <u>under-</u>                                | (c)                      |                              |  | 1                               |                        |                                   |           |              |                                  |
|     | CATION  |                                       |  |                          | S CONTRIBUTING TO DEATH      | BUT NOT RELATED                            | TO THE TERMI                    | NAL DISEAS             | E CONDITION GIV                   | EN IN PAF | . 5          | VAS AUTOPSY<br>ERFORMED?<br>S NO |
|     |         | 20g. ACCIDENT NOR CONTRIBUTION        | MAS UNDERLYING<br>NG CAUSE OF C<br>FY MEDICAL EXAM | DEATH<br>INER)           | ESCRIBE HOW INJURY OCC       | JRRED. (Enter noture                       | of injury in P                  | ari I or Par           | t It of item 18.)                 |           |              |                                  |
|     | MEDICAL | 20c. TIME OF INJ<br>Have o. m<br>p. s | 1.   | Whi                      |                              | e. PLACE OF INJURY<br>foctory, street, aff | (Home, farm,<br>ice bldg., etc. | 20f. (Cit)             | or town)                          | (         | County)      | (Stote)                          |
|     |         | 21. I certify                         | that I attende                                     | d the deced              | - 17                         | 2 . 195                                    | 2. to S                         | St.                    | 6 1957<br>n the causes o          |           |              | the decease                      |
| ĵ.  |         | ACTUAL<br>SIGNATURE/                  | Sesna  | 11.                      | Hemos                        | 5 mo 225                                   |                                 |                        | treet, city or town,              |           | Mild         | DATE SIGNI                       |
|     |         | PHYSICIAN'S<br>NAME (Type)            | ח אות  | ~my/~m/                  | י יייי וווי ב                | ~~;  |                                 |                        |                                   |           |              |                                  |
| 7   | 22a     | BURIAL, CREMAN                        | 101c, 22b. DATE 1                                  | THEREOF                  | 22c. NAME OF CEMETE          | RY OR CREMATORY                            |                                 | 22d. LOCA              | TION (City, town, o               | r county) |              | (Stote)                          |
| 2   | 23,     | FUNERAL DIRECTO                       | OR'S SIGNATURE                                     | . 9                      | ADDRESS                      | y 'v                                       | 240. REC'D                      | BY REGIST              | TRAR 24b. REGIS                   | TRAR'S SI | GNATURE      | 9 Hea                            |
| -   |         |                                       |  |                          |                              |  |                                 | -                      |                                   | ð         |              |                                  |

TECET A.

Bubery Y. S.

2Eb 10 100.

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PEAU V. S.

DECENTED TO

|                  |  | 95 <sup>ME</sup>                                   | DICA            | L EXA            | WINER'S       | CERTIF                                | ICA                     | TE OF                  | DEATH  |             | list, No | )<br>116       | 131                 |
|------------------|--|--|-----------------|------------------|---------------|---------------------------------------|-------------------------|------------------------|--|-------------|----------|----------------|---------------------|
|                  | LACE OF DEATH                                    | Frederi  | ck Co           |                  | MARYLAND      | 2. USUAL RES<br>0. STATE              | Md.                     | Where deced            | sed lived if insti                           |             |          | fore odm       |                     |
|                  | and a un anneal tours                            | buts de corporate limits, wat                      | RURAL           | c. LENGTH C      | F STAY IN 16  | c. CITY OR                            | TOWN (I                 | f autside cor          | porate limits, wri                           | te RURAL on | d give n | eorest to      | )wa)                |
| I                | Route 31   | nr Libe  | rty             | Li               | fe            | Li                                    | ber                     | tytow                  | n, Md.                                       |             |          |                |                     |
| d                | NAME OF HOSPITA                                  | L OR INSTITUTION (                                 | If not in hosp  | ital, give stree | t oddress)    | d. STREET A                           | DDRESS                  |                        |  | 4           |          | ON             | ESIDENCI<br>A FARME |
| DI               | AME OF<br>ECEASED<br>Type or print)              | Clarence   |                 | E.               | iddle<br>Si   | nowden                                |                         | 4. DATE<br>OF<br>DEATH | Sep1   |             | 18       |                | Year<br>1957        |
| 5. SE            | ×  | 6. COLOR OR RACE                                   | 7. MARRIE       |                  | MARRIED [] 8  | DATE OF BIRTH                         | _ ,                     | 395                    | 9. AGE (In years<br>lost brithday)<br>62 yrs | Months      | Days     | Hours          | Min,                |
| 10a.<br>dv       | USUAL OCCUPATIO<br>tring most of working<br>Labo | N (Give kind of work of life, even if retired) Per | done 10b, K     | ND OF BUSIN      | ESS OR INDUST | _                                     | -                       | or foreign o           | ,  |             | US.      |                | COUNTR              |
| 13. F            | FATHER'S NAME                                    |  |                 |                  |               | 14. MOTHER'S                          | MAIDEN I                | NAME                   |  |             |          |                |                     |
|                  | Ephriam :  |  |                 |                  |               | Mar                                   | у Ве                    | ellX                   |  |             |          |                |                     |
| 15. V<br>(Yes, r | MAS DECEASED EVE                                 | R IN U.S. ARMED FO                                 |                 | OCIAL SECUR      |               | FORMANT                               |                         |                        | Addre  | 51.         |          |                |                     |
|                  | YES  | WWI  | 12/             | 9-12-0           | 346           | Inderta                               | ker,                    | D.D                    | . Hartz                                      | lere        | Soi      | ng             |                     |
| 1                |  | H [Enler only one cau                              | se per line f   | or (o), (b), and | (c).]         | · 1. 47 /                             |                         | y Libe                 | <b>0</b> -1                                  | _           | INTER    | ET AND DE      | EEN:<br>ATH         |
|                  | PART I. DEAT                                     | WAS CAUSED BY:                                     | Gui             | ashot            | wound         | into b                                | rair                    | 1                      |  |             |          |                | nute                |
|                  | ,  | DUE TO   |                 |                  |               |                                       |                         |                        |  |             |          |                |                     |
|                  | Conditions, if an                                | y, which) the                                      |                 |                  |               |                                       |                         |                        |  |             |          |                |                     |
| 100              | gove rise to immedi<br>(o), stating the w        | ole couse  |                 |                  |               |                                       |                         |                        |  |             |          | -              |                     |
|                  | course lost.                                     | (c)  |                 |                  |               |                                       |                         |                        |  |             |          |                |                     |
| CATION           | PART II. OTHE                                    | ER SIGNIFICANT CON                                 |                 | NTRIBUTING T     | O DEATH BUT N | OT RELATED TO                         | THE TERM                | INAL DISEAS            | E CONDITION G                                | IVEN IN PAR |          | 9 WAS<br>PERFO | AUTOPSY<br>RMED?    |
| CERTIFI          | PRIMARY TO OF CONCAUSE OF DEATH.                 | TRIBUTING []                                       | b. DESCRIBE     | HOW INJURY       | OCCURRED. (E  | nter nature of inj                    | ury in Por              | 1 or Part ti           | of item 18)                                  |             |          |                |                     |
| MEDICAL          | Hour o.m   | Month, Day, Yea                                    | While<br>of war | Not whi          | lefacte       | CE OF INJURY (Hory, street, office    | ome, forn<br>bldg., etc | a, 20f. (City          | y or town)                                   | (Co         | unty)    |                | (Stote)             |
| - 1              |  | at I took charge<br>from: Naturol                  |                 |                  |               | · · · · · · · · · · · · · · · · · · · | Autops                  | -                      | nspectionX<br>ndetermined                    | , ,,        | y 🗓      | , ond          | find th             |
|                  | ACTUAL<br>SIGNATURE                              | SOTH   | m               | as               |               | _M D. CHIEF M                         | EDICAL E                | (AMINER 🗌              |  |             |          | DATE :         | SIGNED              |
|                  | EXAMINER'S                                       |  |                 |                  |               | ASSISTAN                              | IT MEDIC                | AL EXAMINE             | R 🔲  |             |          |                |                     |
|                  | NAME (Type)                                      | В.   | O. Th           | nomas.           | .7.D.         | DEPUTY                                | MEDICAL                 | EXAMINER               | Ž  |             | 8/       | 19/            | 57                  |
| 3                | VRIAL (Specify)                                  | SEPT 20  | -1957           | MOO              | CEMETERY OR   | CREMATORY                             |                         | MT                     | TION (Cly, town,                             | OKA I       | /        | {Stot          | 70                  |
| 23. FL           | DA Hurt  | LENY Son   | so The          | ADDRESS US       | dsor          | md                                    | 240. REC'               | D BY REGIST            | RAR 246. PER                                 | The         | SNATUR   | E .            |                     |
| -                | 0  |  |                 |                  |               |                                       | - 1                     | 45                     | 1957 /                                       |             | D        | -              |                     |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the factor of the funeral director. Page 4 should be forw. It is not be called the funeral director. Page 4 should be forw. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far yettor. Togge 3 should be used as a burial-transit permit. File pages 1 and 2 with the register prior to burial, cremation ar remayal.

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IVA A: 27

1501 10 C



| 1    | -                |  | 951   |  | LEXAMIN  | TEIL 5                          | OEKI III OK  | 12 01  |   | Reg. Dist. N        | o.                  | 101        |
|------|------------------|--|---|--|--|---------------------------------|--|--|---|---------------------|---------------------|------------|
|      | a.               | COUNTY FI  | rederick  | c Co   | Md. MAR  | YLAND                           | o. STATE Ma:   | where decem<br>ryland  |   |                     | deri                |            |
|      | b.               | CITY OR TOWN (If a   |   |  | c. LENGTH OF STAT  | Y IN 1b                         | c. CITY OR TOWN (  | If outside cor   | porate limits, write  | RURAL and give      | neorest to          | wn)        |
|      | E                |  | r. Liber  | cty  | Lilex  |                                 | nrLiberty  | , Md.  | ×   |                     |                     |            |
|      | d                | NAME OF HOSPITA  | L OR INSTITUTION  | i (If not in hosp  | ital, give street addr   | ess)                            | d. STREET ADDRESS  |  | 4   |                     | ON                  | A FARM?    |
| 100  | D                | AME OF<br>ECEASED<br>ype or print)   | Rose ,  | First<br>POSIE   | Middle<br>A .  | Sno                             | wden   | 4. DATE<br>OF<br>DEATH   | 9/18/5  | h Day               |                     | ear<br>9   |
| 100  | 5. SE            |  | 6. COLOR OR RAC   | CE 7. MARRIE   | NEVER MARRI  | ED 🔲 B. I                       |  |  | 9. AGE (In years last burthday)   | Months Days         | Heurs               | ER 24 HRS  |
|      |                  | F  | C   | WIDOWED  |  | _ ,                             | 1905   |  | 52 ym.  |                     |                     |            |
| L    |                  | Housewi  |   | rk done 10b. Kl  | NO OF BUSINESS OF  | r industr<br>E                  | Roanoa   | e or foreign o   | ountry)   | 12. CITIZEN C       | SA                  | COUNTRY    |
|      | 13. 1            | VIIVC'   | ENT   | SAN  | DERS   |                                 | 14. MOTHER'S MAIDEN  | NAME   | DODY  |                     |                     |            |
|      |                  | WAS DECEASED EVEN  |   | s of service)  | OCIAL SECURITY NO  |                                 | ommant<br>ndertaker  | Gart,  | ler &   | on.                 |                     |            |
| Į.   | ~ 1              | - NOI  |   | *  | 9-16-612   | 71                              | ude. c. est weer.  | EM M   | rdsor,  | aid.                |                     |            |
|      | 1                | 18. CAUSE OF DEATH   | H [Enter only one of WAS CAUSED BY  |  |  |                                 | 7 1 3  |  |   | ONS                 | RYAL BETWEET AND OF | EEN<br>ATH |
|      | -                | 78/x   | MMEDIATE CAUSE  | (0)  | Gunsho   | t we                            | und in bra   | ain  |   |                     | Inu                 | ,es        |
|      |                  |  | DUE 1   | ГО   |  |                                 |  |  |   |                     |                     |            |
|      |                  | Canditions, if any<br>gave rise to immedi  | ole cause   | (b)  |  |                                 |  |  |   |                     |                     |            |
|      |                  | (a), stating the ur  | nderlying DUE 1   | tal.   |  |                                 |  |  |   |                     |                     |            |
| î.   | 2                | PART II, OTHE  | R SIGNIFICANT CO  | ONDITIONS CO   | ATRIBUTING TO DEA  | TH BUT NO                       | T RELATED TO THE TERM  | AINAL DISEAS   | E CONDITION GIV   | EN IN PART I(o)     | 19 WAS              | AUTOPSY    |
|      |                  |  |   |  |  |                                 |  |  |   |                     | YES [               | RMED?      |
|      | S                |  |   |  |  |                                 |  |  |   |                     |                     |            |
|      | CERTIFI          | PRIMARY A or CONT<br>CAUSE OF DEATH.   | SE WAS<br>TRIBUTING [   | 20b. DESCRIBE  | HOW INJURY OCCL  | JRRED. (En                      | ter nature of injury in Pa   | et I ar Port II  | of item 1B )  |                     |                     |            |
| 0.00 | CERTIFI          | 20g. EXTERNAL CAUS<br>PRIMARY A or CON<br>CAUSE OF DEATH.<br>20c. TIME OF INJURY<br>Hour o, m.<br>p. m.          | Y Month, Day,   |  | JURY OCCURRED Not white  | 20e. PLACE                      | ter nature of injury in Po<br>OF INJURY (Home, for<br>y, street, office bldg., et      | m. 120f. (City   | ,   | (County)            |                     | (State)    |
| 0.00 | MEDICAL CERTIFI  | Hour a.m.<br>p.m.  | Month, Day,   | Year 20d. III While of work                                | JURY OCCURRED  Not white of work  mains describe   | 20e. PLACE factor               | OF INJURY (Home, for<br>y, street, office bldg., et<br>e, held an Autop                | m. 20f. (City  | or town)  | Inquiry 🔀           | , and               |            |
| 1    | MEDICAL CERTIFI  | Hour a.m.<br>p.m.  | Month, Day,   | Year 20d. III While of work                                | Not while  | 20e. PLACE factor               | OF INJURY (Home, for<br>y, street, office bldg., eh                                    | m. 20f. (City  | or town)  | Inquiry 🔀           | , and               |            |
| 1000 | MEDICAL CERTIFI  | Heur o, m. p. m.  21. I certify the death resulted i   | Month, Day,   | Year 20d. III While of work                                | JURY OCCURRED  Not white of work  mains describe   | 20e. PLACE factor               | e, held an Autop   | m, 20f. (City<br>c.) sy , lo<br>e , U                              | or town)  Inspection 2, and other mined control of the control of | Inquiry 🔀           | , and               | find the   |
| 1    | MEDICAL CERTIFI  | Hour a.m.<br>p.m.  | Month, Day,   | Year 20d. III While of work                                | JURY OCCURRED  Not white of work  mains describe   | 20e. PLACE factor               | e, held an Autop<br>de , Homicid   | m. 20f. (City  | or town)  Inspection 2,  Indetermined c   | Inquiry 🔀           | •                   | find the   |
| 0.00 | MEDICAL CERTIFI  | Hour o, m. p. m.  21. I certify the death resulted i   | Month, Day, at I took chor from: Noture                                   | Year 20d. III While of work                                | NURY OCCURRED    Not white   of work   of work | 20e. PLACE factor               | e, held an Autop   | m. 20f. (City sy , li e , U: examiner   Cal examine                | or town)  Inspection A., Indetermined of  | Inquiry 🔀           | DATE :              | find the   |
|      | MEDICAL CERTIFI  | Heur o, m. p. m.  21. I certify the death resulted i   | Month, Day, at I took chor from: Noture  B. C. N.   22b. DATE THES        | Year 20d. If While of wor age of the report courses Thomas | NOT While of work  | 20e. PLACE<br>factor<br>ed abov | e, held an Autop de , Homicid  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  DEPUTY MEDICAL | m. 20f. (City  sy , li  e , U:  examiner   cal examine  examiner [ | or town)  Inspection A., Indetermined of  | Inquiry 🔀 cause []. | DATE !              | find the   |
| 7    | WEDICAL CERTIFIE | Hour o.m. p.m.  21. I certify the death resulted if  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION | Month, Day, at I took chor from: Noture  B. C. N. 122b. DATE THES  SEPT 2 | Year 20d. if While of wor age of the report courses Thomas | Not white of work mains describe.  Accident  | 20e. PLACE<br>factor<br>ed abov | e, held an Autop de , Homicid  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  REMATORY       | m. 20f. (City  sy , li  e , U:  examiner   cal examine  examiner [ | ror town)  Inspection 2, ndetermined of X  TION (City, Jawn, 1)   | Inquiry 🔀 cause []. | DATE :              | find the   |





**94 MEDICAL EXAMINER'S CERTIFICATE OF DEATH** I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a COUNTY Frederick b. COUNTY Frederick Marvland MARYLAND riol Page necessary, b. CITY OR JOHN (If outside corporate limits, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN! (If outside corporate limits, write RURAL and give nearest town) \$33 Prederick 10 Years Frederick ector. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 16 East South Street 16 East South Street YES I NO TO NAME OF Middle 4. DATE Doy Year DECEASED (Type or print) MARGARET DEATH September 19. 1957 MAE STALEY 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH Female White Feb 1884 WIDOWED IT DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug Maryland USA and Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 Augustus H. Ebert Elizabeth Baumgardner Pages ۱O 246 Eaddoth St. oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT J. Marion Stalev. Frederick, Md. Give NTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Thrombosis 15 Minutes IMMEDIATE CAUSE (o) alang with far burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY õ PERFORMED2 NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURPED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBLTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) While Not while p. m. writing the ol work all work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that RECTOR: death resulted from: Natural causes IX, Accident 1, Suicide 1, Homicide 1. Undetermined couse icote. DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 00 SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S 9-20-57 B. O. Thomas, M. D. DEPUTY MEDICAL EXAMINER X NAME (Type) 220. Burial, CREMATION, 226. DATE THEREOF Burial (Specify) 9-23-57 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) Ę, Mount Olivet Cemeterv 0 Frederick, Maryland **ADDRÉSS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) M. R. Etchison & Son, Frederick, Maryland 5M 9/55

...

MEDICAL

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU W

CINTER SERVICE OF SERV

|      |           | MAKILAND STATE DE  | ARIMENT OF HEALTH—BALTIF   | MORE, 18  |
|------|-----------|--|--|---|
| ,    | L         | 9514 CER   | TIFICATE OF DEATH  | Reg. Dist. No.  |
| 1)   | 1.        | PLACE OF DEATH C. COUNTY Frederick MA  | 2. USUAL RESIDENCE (Where deceased live. STATE Maryland                              | b. COUNTY Frederick   |
| V    |           | c. CENTOR IOWN (If outside corporate limits, write RURAL and give nearest town) RFD#4, Feaglesville, Md.                 |  | imits, write RURAL and give nearest town)                         |
|      |           | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION   | d STREET ADDRESS RFD #L  | e. IS RESIDENCE<br>ON A FARM<br>YES NO                            |
|      |           | NAME OF First Mid  |  | Month Day Year 9 195  |
|      | $\vdash$  | 6. COLOR OR RACE 7. MARRIED NEVER MA   | PRICE TO B. DATE OF BIRTH  | AGE (In years IF UNDER TYEAR IF UNDER 24 H Months Doys Hours Min  |
| 4/   |           | . USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Retired Farmer  Retired Farmer |  |   |
|      | 13.       | FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   | - Joseph  |
|      | -         | Joseph F. Stang  | Annie Joy  |   |
|      |           | WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. or unknown! (If yes, give wer or dates of service)                         |  | Address Marylan   |
|      | -         | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and  |  | 1201 N. Market, Freder  |
|      |           | PART I DEATH WAS CAUSED BY:  | Liller & I lea   | INTERVAL BETWEEN  |
|      |           | IMMEDIATE CAUSE (o)  | - June Farence   | 3 Kayr  |
|      |           | Conditions, if ony, which ) ( datering   | Do-t. /least Din   | 100000  |
|      |           | gove rise to immediate   | Charle Gold Ca   | 10000   |
|      |           | cotse (o), storing the <u>under</u> lying couse lost.  |  |   |
| C.   | CATION    | PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO                                     | ONDITION GIVEN IN PART 1(0) 19 WAS AUTOP:<br>PERFORMED?<br>YES NO |
|      | L CERTIFI | 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                    | Y OCCURRED (Enter nature of injury in Port II or Port II o                           | of item 18.)  |
|      | MEDICAL   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work   19 work                | 20e. PLACE OF INJURY (Home, farm, 20f. (City or foctory, street, office bldg., etc.) | town) (County) (Sto   |
|      |           | 21. I certify that I attended the deceased from 9  | 190 , 190 7, 10 9/29   | , 185-7, that I last saw the deced                                |
|      |           | alive on 9/25, 1257, and the   | nat death occurred at 1 46 A.M., from the  | ne causes and on the date stated abo                              |
|      |           | ACTUAL THE VICTOR  | ADDRESS (Street  | , city or lown, stetel  |
| 1    |           | SIGNATURE / Charle   | mo. 4 E.Churc  | 4 17 9/30/3/  |
|      |           | PHYSICIAN'S Henry 1/. Cha  | -se Frederic   | K Md  |
|      | 1 .       |  |  | rick, Maryland  |
| . \  | 23.       | FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 240. REC'D BY REGISTRAR  |   |
| 1000 | 1         | Webet i Kackey In 1201. The  | Market St DATE 2 Oct 195   | 1 Eliabeth G. the   |
| 1,0  | , -       | JI France  | 6 716  |   |



BUREAU V. S.

|     |               |                                       | MARTL  | ANU       | STATE DEPART           | MENI OF                   | HEALTH-                 | -BALTIMOI                               | (E, 18           | 1100            |                            |
|-----|---------------|---------------------------------------|--|-----------|------------------------|---------------------------|-------------------------|---|------------------|-----------------|----------------------------|
| / \ |               |                                       | 9515   |           | CERTIFIC               | CATE OF                   | DEATH                   |   | Re               | g. Dist. No.    | 14                         |
| 165 | 1.            | PLACE OF DEATH                        |  |           |                        | 2. USUAL RE               | SIDENCE (Where          | deceased lived If                       |                  | esidence before | admission)                 |
|     |               | Fr                                    | ederick  |           | MARYLAN                | o. STATE                  | Maryla                  | nd. b. c.                               | YTAUC            | Frederi         | .ck                        |
|     |               | CITY OR TOWN (I<br>RURAL and give no  | f autside carporole limit                        | , write   | c. LENGTH OF STAY IN 1 | c. efff'O                 | R TOWN (If outsi        | ide carporate limits,                   | write RURAL      | ond give neare  | st town)                   |
|     |               | Bradd                                 | lock Heights                                     | 3         | 3 Years                | × -                       | Braddoc                 | k Heights                               |                  |                 |                            |
| 77  |               | S. NAME OF HOSPIT                     | AL (If not in hospital, gr                       | ve street | oddress)               | d. STREET                 | ADDRESS                 |   |                  | 6.              | IS RESIDENCE<br>ON A FARM? |
| 7.7 |               | Jefferso                              |  |           |                        |                           | Jeffers                 | on Blvd.                                |                  |                 | YES NO M                   |
|     |               | NAME OF<br>DECEASED<br>Type or print) | Fire<br>MEREI                                    |           | Middle VanRENSSLE      |                           |                         | DATE<br>OF<br>DEATH                     | Month<br>Septem  | ber 12          | Year<br>1957               |
|     | 5. :          | EX                                    | 6. COLOR OR RACE                                 | 7 MARE    | RIED NEVER MARRIED     | B. DATE OF BI             | RTH                     | 9. AGE (In                              | -                |                 | UNDER 24 HRS               |
|     | M             | ale                                   |  | WIDOW     |                        | " (                       | 16. 189                 | 6 61                                    | hdoy) Mos        | nihs Doys       | Hours Min.                 |
| ,   | 10a           | coring most of worl                   | ring life, even it retired)                      | ane 10b.  | KIND OF BUSINESS OR IN | DUSTRY 11. BIRTH          | _                       |   | 1                |                 | WHAT COUNTRY               |
| ) ' |               | Dress<br>FATHERS NAME                 | Shop   |           | Owner                  |                           | Marylan                 |   |                  | USA             |                            |
|     | 13.           | PAINER'S NAME                         | The second of SY                                 | 0.4.      |                        | 14. MOTHER                | The                     | -                                       |                  |                 |                            |
|     | 15            | HAC DECEASED FUE                      | Francis V.                                       |           |                        |                           |                         | es Murphy                               |                  |                 |                            |
|     | [Y•           | MAS DECEASED EVE                      | R IN U. S. ARMED FORC                            |           | SOCIAL SECURITY NO.    | , INFORMANT               |                         | Staub, Jef                              | f <b>ef</b> fsön | Blvd.,          |                            |
|     | =             |                                       | 11,11,11   | - 1       |                        | Are de Ma                 | arsnatt                 | braub, Br                               | addock           | Height          | s, Maryla                  |
|     |               |                                       | TH [Enter only one cou                           | se per li | 1 20 25 4              | 1.1                       | r                       | . 7:                                    |                  | INTER           | VAL BETWEEN                |
|     |               | TAKI I. DLA                           | TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (0)         | G         | cate hunc              | mana C                    | 2 Cerry                 | enselie.                                |                  |                 | 1.60                       |
|     |               |                                       | DUE TO   | A         | 72                     | 1                         | 7 KAMA                  |   |                  | e de la         |                            |
|     |               | Conditions, if a                      | mmediate   | W         | 1 hour he ghor         | iner con                  | To profit of the second | 7 de                                    |                  | 6               | , T 4 300 E 3              |
|     |               | lying couse lost,                     | the under-                                       |           |                        |                           |                         |   |                  |                 |                            |
|     | ž             |                                       | IER SIGNIFICANT COND                             | ETIONS O  | CONTRIBUTING TO DEATH  | UT NOT PELATED            | O THE TERMINAL          | DISEASE COMPUTE                         | ON CHUSNI IN     | L BADT 1/av 1D  | WAS AUTORSY                |
|     | CERTIFICATION |                                       |  | olini     |                        | DI NOI NEDILE             | O III COMMON            | E BISCASC CON BINK                      | NG OTTER IN      |                 | PERFORMED?                 |
|     | TIFIC         | 200. ACCIDENT WA                      |  |           | CRIBE HOW INJURY OCCUI | RED. (Enter nature        | of injury in Port       | Lor Part II of item                     | 1B.1             |                 | res 🔲 NO 🚺                 |
|     | CERI          | OR CONTRIBUTING<br>(IF EITHER, NOTIFY | S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER] |           |                        |                           |                         |   | ,                |                 |                            |
|     | CAL           | 20c. TIME OF INJUR                    |  | 20d. It   | NJURY OCCURRED 20e.    | PLACE OF INJURY           | (Home, farm,            | 20f. (City or town)                     |                  | (County)        | (Stole)                    |
|     | MEDICAL       | Hour o. g.,<br>p. m.                  | 19   | While     | Not while              | factory, street, off      | ice bldg., etc.)        | , |                  | (coomy)         | (3.0.0)                    |
|     | 4             |                                       |  |           |                        | 0                         | T. Ken                  | +12                                     |                  |                 |                            |
|     |               | alive on                              | at I attended the                                | ueceas    |                        | <u>H</u> ., 19.2          |                         | 1                                       | 924, the         | at I last saw   | the decease                |
|     |               | dive on                               |  | - 182     | , and that dec         | in occurred a             | ELLEE ZA M              | A, from the car                         | ses and          | on the date     | stated abov                |
|     |               | ACTUAL                                | #127   | K         | enus -                 | Food                      | Secon                   | Stroot                                  | iowii, sioie)    | 0/1             | 2/27                       |
| -/  |               | SIGNATURE                             | 11. 11. 11.                                      |           |                        | м.D. <u>ра</u> Б          | p pecon i               | bureeu                                  |                  | <i></i> 2/±     | 57.51                      |
|     |               | PHYSICIAN'S I                         | r. H. L. Fa                                      | hrne      | y                      | Free                      | derick,                 | Maryland                                |                  |                 |                            |
|     | 22a           | BURIAL, CREMATION                     | Sept.14,1  |           | Mount Oliv             | or crematory<br>et Cemete | ry                      | Frederic                                | K Ma             | ryland          | (State)                    |
|     |               | FUNERAL DIRECTOR                      |  |           | ADDRESS                |                           | 24a. REC'D 81           | REGISTRAR 246                           | REGISTRAR        | 'S SIGNATURE    |                            |
|     |               | M. K. Etcl                            | nison & Son                                      | , Fr      | ederick, Mary          | land                      | DATE 3                  | ent-1957                                | 1:33             | with t          | 2. House                   |
|     |               |                                       |  |           |                        |                           |                         | 0                                       | 1                |                 |                            |

## BUREAU V. 2

2EP 16 1957

BECEIVER

HEEVO A. E.

3É6 IÎ 1825

DECENAEL

|           | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  | 1.0           |
|-----------|--|---------------|
|           | 9494 CERTIFICATE OF DEATH  Reg. Dist. No. 13   | 10            |
|           | PLACE OF DEATH  o. COUNTY  Tradecul  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of the state of  | on)           |
| 183       | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  H RURAL and give nearest town)  |               |
| 1         | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  That Messernal Hospital  (It is the street address)  A STREET ADDRESS  ON A  YES []   | EARM?         |
| 3         | NAME OF DECEASED First Middle Lost 4. DATE Month Day Y   | eor 9 1 7     |
| 5         | SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF |               |
| 1         | O USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT during most of working life, even if retured)  | COUNTRY?      |
| 1:        | FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Luck Honer Thomas Lulk London house   |               |
| 11        | WAS DECEASED EVER IN U. S ARMED PORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service)  | p.C.          |
|           | PART I. DEATH WAS CAUSED BY.  762 5  Conditions, if ony, which gove rise to immediate course (a), stating the under-lying course (a), stating the under-lying course lost.    Conditions    | WEEN<br>DEATH |
|           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A PERFOR YES 1   | MED?          |
| PEOTIE    | 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)   |               |
| A DO CANA | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 Of work of work of work of work 19 Of w | (Stole)       |
|           | 21. I certify that I attended the deceased from 1917, to 916, 1917, that I last saw the calive on 1917, and that death occurred at 7 M, from the causes and an the date state ADDRESS (Street, city or town, state) BASIGNATURE M.D. 270 Market  |               |
|           | PHYSICIAN'S FRED J. HELDKICH Andewel Tud   |               |
| 2         | e. BURIAL CREMATION, 22b. DATE THEREOF ZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole Removal (Specify) 10-18-57 Pennar Springs Ridgeville Maryland  | )             |
| - 1       | FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  Charles E. Hicks III Frederick, Md.  DATE DELLE SIGNATURE  | ch            |
|           |  |               |

PUREAU E.

DE CEDAEL

09517 CERTIFICATE OF DEATH 9499 Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission a. COUNTY COUNTY MARYLAND erol b. CPYOR TOWN (If outside corporate ligns, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If butside corporate limits, write RURAL and give nearest town) pe UBAL and give nearest fown) should d NAME OF HOSPITAL(If not in haspital, give street addy(ss) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Lost 4. DATE Day Year DECEASED OF (Type or print) DEATH 19 -S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months DIVORCED | WIDOWED | 10a USUAL OCCUPATION (Give kint of wark done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicie remove WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one cause payline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO ۾ duy Conditions, if ony, which peen signed gave rise to immediate je L DUE TO casse (a), stating the underpuo lying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ADDIDEST PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while 19 at work at work p. m. I certify that I attended the deceased fram. Lithat I last saw the deceased alive an , and that death accurred at 🕰 QM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURDAL CREMATION 22c. NAME OF CEMETERY, OR CREMATOR FGR 22d. JOCATION (City, lawn, or causty) (State) page 0 23. FUNERAL DIRECTOR ADDRESS CHO-RECTO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ugena Bur VS A15 (4) DATE 1SM 9/SS

death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

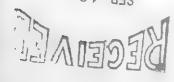
SUREAU V. S.
SEP SO 1357

| -   | MARYLAND STATE DEPARTA  | MENT OF HEALTH—BALTIMORE, 18  |
|-----|---|---|
| 3   | 9495 CERTIFIC   | ATE OF DEATH Reg. Dist. No.   |
|     | 1. PLACE OF DEATH  o. COUNTY  Frederick  MARYLAND   | 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE b. COUNTY haryland Frederick   |
| -1  | b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  20 yrs.   | c. CITY OR IONID (If outside corporate limits, write RURAL and give nearest town)  Frederick  |
|     | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 127 W. All Saints St.  | d. Street Address  1272 W. All Saints St.  18 residence On A FARM YES \( \) NO  |
| 3   | NAME OF DECEASED First Middle (Type or print) John William Henry Twymar   | Lost 4. DATE Month Day Year OF DEATH Sept. 16 19 5  |
|     | 6. COLOR OF RACE 7. MARRIED NEVER MARRIED   DIVORCED  | B. DATE OF BIRTH  July 3-1879  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H  July 3-1879  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H  Months Days Hours Mir |
| 1 / | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer Lime Co。  *********************************** | USTRY 11. BIRTHPLACE (State or foreign country)  Ore Bank W. Virginia   |
| 7   | I. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |
| 1   | John William Honry Twyman  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117.  | Annie Rebecca Stewart   |
|     | (Yan, no, or unknown) (II yes, give wor or dates of service) 236-03-2745  | atherine d. Tyryman 1272 W. All Saints St   |
|     | gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u>  | onchitis + emphy sema 3 yes   |
|     |   | IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP<br>PERFORMED?<br>YES 1 NO  |
| 000 |   | ED. (Enter nature of injury in Part 1 or Part II of item 18.)   |
|     | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of work of work  | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stocolary, street, office bldg., etc.)   |
|     | 21. I certify that I attended the deceased from JAN.  | 1957, 10 50 pt. 16 pt. 1957, that I last saw the dece   |
|     | alive on 125/, and that deat  | h occurred at 10 10 M, from the causes and an the date stated of ADDRESS (Street, city or town, state)  DATE SH   |
|     | SIGNATURE SY & Martin   | MO. 35E Church Frederick, Md 9-11   |
|     | PHYSICIAN'S REX R MARTIN MI   | 2   |
| 2   | 220. BURIAL, CREMATION, RENOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY   | OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  |
| -   | Burial Sept. 19-57 Fairview  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   | Frederick, Hd.  249, REC'D BY REGISTRAR   246 REGISTRAR'S SIGNATURE   |
|     | Charles E. Hicks Ill Frederick, Md.   | DATE DO DO TIGED & L'OL OT L  |
|     |   |   |

DEVIEDER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BIIBEVIE in SEE TO 1825



|                | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |                                       |
|----------------|--|---------------------------------------|
|                | 9496 CERTIFICATE OF DEATH Reg. Dist. 48.   | 9520/3/                               |
| ) [1           | PLACE OF DEATH O. COUNTY  TICALE LEE  MARYLAND  2. USUAL RESIDENCE [Where deceased lived. If institution. Residence before o. STATE  M. COUNTY  D. COUNTY  CANAL   |                                       |
|                | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | rest town)                            |
|                |  | IS RESIDENCE<br>ON A FARM?<br>YES NO  |
| Ī              | NAME OF DECEASED (Type or print) Charter D. WARFHEIM JC DEATH JAKE 3   | Yeor<br>192                           |
| 5              | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH   9 AGE (in years   IF UNDER 1 YEAR   lost birthday)   Months   Days   WIDOWED   DIVORCED   8 3 -5 7   Windows   Days   Windows   Days   | Hours Min.                            |
| , <sub>]</sub> | O USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  | WHAT COUNTRY?                         |
| / Ti           | Chest. D. Wareheins Billy Jane Reff Ce.  |                                       |
|                | (as, no or unknown) (If yes, give wor or dates of service) how Chister I. Ware heim by & Libert U.   | Thursday h                            |
|                |  | RVAL BETWEEN<br>ET AND DEATH          |
|                | Conditions, if any, which ) to (156 strochus) Description  | · Laus                                |
|                | gave rise to immediate case (a), stating the under-lying cause lost.  DUE TO   |                                       |
| , land         |  | WAS AUTOPSY PERFORMED? YES NO         |
| CEPTIES        | 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part 1 or Part II of Item 18.]   |                                       |
| MEDICAL        | 20c. TIME OF INJURY Month, Day, Year Hour e. m.  p. m.  19  20d. INJURY OCCURRED While of work | (State)                               |
|                | 21. I certify that I attended the deceased from $S = 30$ , 195 /, to $7 = 3$ , 195 /, that I last so alive an $9 = 3$ , 195 /, and that death occurred at $S = 22$ . M, from the causes and an the date  |                                       |
|                | ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)   | DATE SIGNED                           |
|                | PHYSICIAN'S FRED U. HELDRICHTUR DECENTION DECE   | , , , , , , , , , , , , , , , , , , , |
| 7              | Removal (Specify) 9-5-1957 Band CEMETERY OR CREMATORY DE LOCATION (City, town, gracounty)  | TStole)-                              |
|                | FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  PATE  ADDRESS  ADD | la                                    |
|                | the state of the s | 7                                     |

BUREAU V. S.

25P 9 1957

BECEINEU

| 1  |    | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19521   |
|--|----|--|
|  |    | 9497 CERTIFICATE OF DEATH Reg. Dist. No. 73  |
| I director.  | M) | 1. PLACE OF DEATH  o. COUNTY  o. STATE  MARYLAND  2. USUAL REGIDENCE (Where decrosed lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY  |
| uneral   |    | b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)   |
| by the   | 69 | d. NAME OF MOSPITAL (If not in Mospital give street oddress)  ON A FARM?  YES D NO.  |
|  |    | 3. NAME OF DECEASED (Type or print) George Widdle Wenter Scheath Sep 14 1957   |
| completely fill papers. Pages oth.   |    | 5. SEX  6. COLOR OR FACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years last buthday)  WIDOWED  DIVORCED  DIVORCED  DIVORCED  1. DIVO |
|  | 1  | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY?  Plany Land  13. CITIZEN OF WHAT COUNTRY?  |
| physician and<br>move carbon<br>hours after de   |    | 13. FATHER'S NAME U. Wenner Eller Brady  |
| ng phys<br>remov<br>72 hour  | 0  | 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If you give wor or dates of service) (If you give wor or dates of service) (If you give wor or dates of service) May Locus Warmer Brune work Mal  |
| attendi<br>n please<br>t within  |    | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Congestive Least Failure  2. Lagy   |
| by the<br>it. The  |    | Conditions, if any, which ) (b) Brownborneumonia 2 days.   |
| signed it perm   |    | gove rise to immediate course (a), stating the under lying course tast.  (c) Pulmoran amboling with impartion 2 days   |
| physicio<br>as been<br>al-trans<br>aval, ar  | o  |  |
| ending<br>ficate h<br>file buri<br>or rem  |    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS KUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
| his certi<br>use as<br>emotion.  |    | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m.  P. m.  19  20d. INJURY OCCURRED foctory, street, office bldg., etc.)  (Stote)  |
| After the After the for the fo |    | 21. I certify that I attended the deceased from 9,5, to 9,14, 1912, that I last saw the deceased alive on 9,14, 1952, and that death occurred at 1209M, from the causes and on the date stated above.  |
| ECTOR:   |    | ACTUAL Henry V. Chase M.D. 4 E. Church St 9/14/5   |
| DIR<br>DIR<br>Trar pri   | 1  | PHYSICIAN'S Henry V. Chase Frederick Md  |
| may be<br>begge 3<br>the regis   |    | 220 STRIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. UCLATION (City, Towns of County) (State)  |
| VS A15 (4)   | OB | 23. FUNERAL PRECIOES SIGNATURE ADDRESS MA SINATURE LABOR SIGNATURE SIGNATURE PARTY SIGNATURE SIGNATURE   |
|  |    |  |

CERTIFICATE OF DEATH

50,521,530

BUREAU V. S.
BUREAU V. S.

|  | y   | 1  |  |
|--|---|--|--|
| 1  | þi  | 5  | DESIDE OF THE PERSON NAMED IN  |
| MEDICAL EXAMINER: This manificate should be executed within 24 hours after death. If any delay is necessary, please ere- | driftcate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral creciar. Page 4 should be |  | AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrator to burial, crematian, |
| cessony,   | Poge .  |  | o buriel,  |
| oy is ne   | o'sector  | 10   | prior  |
| ony del  | funeral   | or you   | registro   |
| oth. If  | to the  | ained fo   | ith the  |
| fter de  | , and 3   | be refe  | and 2 w  |
| hours a  | les 1, 2  | 5 may  | oges 1   |
| hin 24   | ive Pog   | Poge   | File p   |
| ted wit  | 18. G   | m PM3  | Sermil.  |
| execu  | in Item   | rith for   | transit p  |
| hould Me   | pencil  | olong v  | burial   |
| s estosi   | ng in   | Office   | 0 50 0   |
| Titume s   | pend.   | liner's  | be us  |
| R: Thi   | ward  | I Exon   | should   |
| KAMINE   | ting the  | ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your | Page 3   |
| CAL E  | ite, wri  | Chief  | CTOR:  |
| MEDI   | Artifico  | I to the   | L DIRE   |
|  | -   | 125  | SEE.   |

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| e. | cate, writing the ward "pending" in penail in Item 18. Give Pages 1, 2, and 3 to the funeral circector. Page 4 sho | aminer's Office along with farm PM3. Page 5 may be retained for your | 2  |
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|    | 0  | rwarded to the Chief Medical Examin                                  | *UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registram priar to burial, crema |
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| 儿                     | 1. PLACE OF DEATH  |  |  |  |  |   | 2. USUAL RESIDENCE   | (Where decea   | sed lived. If in  |                                     |  | odmission)                                 |
|                       | o. COUNTY Frederick MARYLAND   |  |  |  |  | o. STATE Maryland b. COUNTY Frederick   |  |  |   |                                     |  |  |
|                       | b. CITY OR TO  | WN (If outsi   | de corparate limi  | its, write RURA  | c. LENG  | OTH OF STAY IN 16   | E. CITY OR TOWN  | (If autside cor  | porate limits, w  | rite RURAL and                      | give near                                | est tawn)                                  |
|                       |  | tain   |  |  |  |   | Thourmo  | nt R.E   | P.D.I.  | Mount                               |  |  |
| 0                     | d. NAME OF H   | HOSPITAL (   | OR INSTITUTE   | ON (If not   | in hospital, give  | street address)   | d. STREET ADDRES   | S  |   |                                     |  | ON A FARM?                                 |
| 3                     | NAME OF<br>DECEASED  |  |  | First  |  | Middle  | Lost   | 4. DATE<br>OF  | Me  | onth                                | Day                                      | Year                                       |
| -                     | (Type or print)  | 1, 4   | ankli  | W-0  | Keef   |   | Whipp  | DEATH  |   | ember                               | 8  | 1957                                       |
| 5                     | . SEX  | 6.   |  |  |  | EVER MARRIED   8  |  |  | 9. AGE (In years<br>lost birthday)  | Months                              |  | UNDER 24 HRS                               |
| -                     | Male   |  | Whit   | -  | OWED [   | DIVORCED  | Feburary   |  |   | FB.                                 |  |  |
| 1                     | during most of   | working lif  | e, even if ref   | work done  | IND. KIND OF E   | BUSINESS OR INDUST  |  |  | country)  |                                     |  | HAT COUNTR                                 |
| 1                     | Retir 3. FATHER'S NA   |  |  |  |  |   | Maryl 14. MOTHER'S MAIDE   |  |   | U                                   | S.A                                      |  |
| 1.                    |  |  | 1977 3   | _  |  |   |  |  |   |                                     |  |  |
| 1                     | 5. WAS DECEAS  |  | Whip   |  | 7 16. SOCIAL SI  | ECURITY NO. 17. H   | Katie H  | nsh u  | <b>e</b><br>Addr  | 044                                 |  | -  |
| 6                     | Yes, no, or unknown)   | (lif ye  | es, give wer or d  | lates of service)  |  |   |  | nn The   |   |                                     | рт                                       |  |
| F                     | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |  |  |  |  |   |  |  |   |                                     |  |  |
|                       | PART I   | DEATH W  | VAS CAUSED   | BY:<br>ISE (o)   |  | rary Occ  | lusion   |  |   |                                     | ONSET A                                  | nd Death<br>nutes                          |
|                       | Conditions, gave rise to (o), stoting couse lost.  | if ony,  | VAS CAUSED REDIATE CAU  DU  which  | BY:  |  |   | lusion   |  |   |                                     | ONSET A                                  | ND DEATH                                   |
| O TANDER              | Conditions, gave rise to (o), stoting couse lost.  | if ony,<br>immediate<br>the unde   | Which couse orlying  | BY:<br>(SE (o)   | Cono   | rary Occ  | lusion   | RMINALDISEAS   | SE CONDITION (  | GIVEN IN PART                       | Mi<br>Mi                                 | NAS AUTOPSY                                |
| MOITACIBLESC          | Conditions, gave rise to (o), stoting couse lost.  | if ony, immediate the under  | VAS CAUSED REDIATE CAU  DU  which a couse artying  DU  SIGNIFICANT   | BY:<br>ISE (o)<br>IE TO<br>IE TO<br>(c)  | Cono:  | ng to Death But h   |  |  |   | GIVEN IN PART                       | Mi<br>Mi                                 | NUTES  WAS AUTOPSY PERFORMED?              |
| MEDICAL CEOTIER ATION | Conditions, gave rise to (o), stoting couse loss.  PART 1  200. EXTERNU CAUSE OF D   | if ony, immediate the under the unde | VAS CAUSED REDIATE CAU  DU  which a couse artying  DU  SIGNIFICANT   | BY: ISE (o) IE TO (b) IE TO (c) CONDITIO  20b. DE  | Cono   | NG TO DEATH BUT P   | GOT RELATED TO THE TE  | Part I or Part II  |   | GIVEN IN PART                       | Mi<br>Mi                                 | NUTES  WAS AUTOPSY PERFORMED?              |
| CCOTIC                | Conditions, gave rise to (o), storting couse loss.  PART 1  200. EXTERNU PRIMARY 1  200. TIME OF Hour  21. I certi   | if ony, immediate the under the unde | which ocuse DU which couse DU which ocuse DU was BUTING DU Month, Da  | BY: ISE (o) IE TO (b) IE TO (c) CONDITIO  20b. DE III, Year 19   | Cono:  | NG TO DEATH BUT N  BURY OCCURRED. (E  CCURRED 200. PLA: but white work   described obo        | FOR RELATED TO THE TELEMENT OF INJURY IN LECT.   | Part 1 or Part II  | of item 18.)  | (Cou                                | Mi  Fi(a) 19. F YES                      | NAS AUTOPSY<br>PERFORMED?                  |
| CENTIC                | Conditions, gave rise to (o), storting couse loss.  PART 1  200. EXTERNU PRIMARY 1  200. TIME OF Hour  21. I certi   | if ony, immediate the under the unde | which ocuse DU which couse DU which ocuse DU was BUTING DU Month, Da  | BY: ISE (o) IE TO (b) IE TO (c) CONDITIO  20b. DE III, Year 19   | Cono:  SCRIBE HOW IN  20d. INJURY Of While No at work of the remains   | NG TO DEATH BUT N  BURY OCCURRED. (E  CCURRED 200. PLA: but white work   described obo        | nter nature of injury in large of the tenter | orm, 20f. (Cithele.)   | of item 18.) y or town) nspection andetermined  | (Cou                                | Mi M | NAS AUTOPSY PERFORMED?  (State)            |
| CCOTIC                | Conditions, gave rise to (o), stoting couse loss.  PART 1  200. EXTERNU PRIMARY 1  CAUSE OF D  20c. TIME OF Hour  21. I certic death results actual  | if ony, immediate the under the unde | which ocuse DU which couse DU which ocuse DU was BUTING DU Month, Da  | BY: ISE (o) ISE TO (b) ISE TO (c) CONDITIO  20b. DE  19 orge of ural caus  | Cono:  SCRIBE HOW IN  20d. INJURY Of While No at work at the remains ses . Acc   | NG TO DEATH BUT N  BURY OCCURRED. (E  CCURRED 200. PLA: but white work   described obo        | nter nature of injury in increase of INJURY (Hame, force), street, office bidg., ve, held on Autocide , Homici   | Part 1 or Part II  prom, 20f. (Cit- psy , 1  de , U  EXAMINER DICAL EXAMINI  | of item 18.)  y or town)  nspection of the control | (Cou                                | T (a) 19. YES                            | WAS AUTOPS: PERFORMED? (State)  (State)    |
| SIEDICAL CERTIFICAL   | Conditions, gave rise to (o), stoting couse lost.  PART 1  20a. EXTERNU PRIMARY 2  20a. TIME OF Hour  21. I certi deoth resi ACTUAL SIGNATURE EXAMINER'S NAME (Type  | if ony, immediate the under the unde | which occuse DU which couse DU was BUTING DU Month, Do Du took chem: Note DO Th   | BY: ISE (o) ISE TO (b) ISE TO (c) | Cono:  SCRIBE HOW IN  20d. INJURY OF While No at work at the remains ses . Acc.  | NG TO DEATH BUT N  BURY OCCURRED. (E  CCURRED 200. PLA: but white work   described obo        | nter nature of injury in increase in injury in increase injury (Hame, force), street, office bidg., ve, held on Autocide , Homici ASSISTANT MED DEPUTY MEDICA  | orm, 20f. (Circle) 20f. (Circl | of item 18.)  y or town)  nspection of the control | (Cou<br>Inquir<br>d cause<br>tembe: | T (a) 19. YES                            | WAS AUTOPS) PERFORMED? (Slate)  ATE SIGNED |
| 2.                    | Conditions, gave rise to (o), storting couse lost.  PART I 200. EXTERNU PRIMARY 1 CAUSE OF D 200. TIME OF Hour  21. I certi deoth resi deoth resi ACTUAL SIGNATURE EXAMINER'S NAME (Type 20- BURIAL, CS  | if ony, immediate the under the unde | which occused DU which  | SY, SE (o)   | Cono:  SCRIBE HOW IN  20d. INJURY OF While at work at the remains ses . Acc.  M.D.  57 22c. NAM Dun  | NG TO DEATH BUT N  BURY OCCURRED. (E  CCURRED 200. PLA foch work  described obo cident  , Sui | nter nature of injury in increase of injury in increase of injury (Hame, for any, street, office bidg., ve, held on Autocide , Homici , Homici , ASSISTANT MED DEPUTY MEDIC.   | Port 1 or Port II  prom, 20f. (Circle), 1  de , U  EXAMINER DICAL EXAMINER  22d. LOCA  | of item 18.)  y or town)  nspection Endetermined  RESERVICION (City, tow  | (Cou                                | onser a Mi                               | WAS AUTOPS: PERFORMED? (State)  (State)    |
| 2. A 2.03 M           | Conditions, gave rise to (o), storting couse lost.  PART I  200. EXTERNUT PRIMARY CAUSE OF D  200. TIME OF Hour  21. I certi deoth resident residen | if ony, immediate the under the unde | which occused DU was sufficient was sufficient was considered and the control occupied by the control o | EY, ISE (o)  | Cono:  SCRIBE HOW IN  20d. INJURY OF While No at work of the remains ses . According to the conormal control of the conormal c | NG TO DEATH BUT N HURY OCCURRED. (E CCURRED 200. PLA foch work described obo cident , Sui     | nter nature of injury in increase in injury in increase in injury (Hame, for y, street, office bidg., ve, held on Autocide , Homici ASSISTANT MEDICAL ASSISTANT MEDICAL CREMATORY  | Port 1 or Port II  Dorm, 20f. (Cit- psy , I  de , U  EXAMINER DICAL EXAMINER  22d. LOCA  Mt.   | of item 18.)  y or town)  nspection Endetermined  R Sep  STION (City, tow   | (Cou                                | onser a Mi                               | WAS AUTOPS PERFORMED? (Slote)  (Slote)     |

BUREAU V. S.

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Agreed A Creamer Thursday, Margiand